# Paid Claims
# Front-End Redesign Project
# (SDN6043)

## General Design

**(Version 4.0)**

# Table of Contents

# 1   Introduction

The following document provides the general design specifications for developing the redesigned front-end system to the Paid Claims monthly processing cycle.

The redesigned front-end system will allow the 29 claims files to be received and processed through a standardized set of jobs where the following functions will be performed.

- Claim records will be received and, if necessary, converted to the Standard-35 claims file format.
- Each claim will be assigned a unique RIN (record identification number) that will be stored in the header portion of the record, and each detail segment of a claim will be assigned a unique segment identification number. These fields will aid in identifying claims as they process through the paid claims system and onto the data warehouse.
- Claim records will undergo CIN-Tagging, a process for verifying and/ or retrieving the current CIN using the MEDS database.
- If the SSN field of a claim record is non-numeric, then it will be populated with the SSN found on MEDS during the CIN-Tagging process.
- Claim records will undergo field level edits, where errors will be counted and reported.
- For each claim file processed, reports will be generated and transmitted electronically (via email) to inform on the condition of the data. These reports will be used to determine file acceptance, and to provide a feedback loop to the suppliers of the claims data.
- Claims data will automatically be converted and consolidated for use by downstream systems without the need for manual updates to JCL input concatenations.
- There will be automatic balancing of claim record counts, as claims data progresses from one job to the next. If an out-of-balance situation occurs, then the executing job will terminate abnormally and messages will be issued.
- There will be automatic email notification to alert of abnormal job terminations.
- There will be a new online application, *the Paid Claims File Tracking Online System (CICS/ DB2),* where users can view record counts and status information for any file(s) received in the Paid Claims Front-end system. The application will allow authorized users to approve and reject claims files online.
- The new system will be capable of sending automatic email notification to warn when a month of process is coming to a close and claims files have not yet been received by certain sources, and/ or claims files have been received but not yet approved.
- The new front-end system will be more efficient, providing overall cost savings. This efficiency will continue to improve as more providers of claims data convert to using the Standard-35 record format.
- The new front-end will be cleaner, easier to maintain, and claims data will be available to downstream systems in a quicker timeframe.

# 2   Naming Conventions and Standards

The following section identifies naming conventions and standards to be used in the redesigned Paid Claims Front-end system.

## 2.1    System Mnemonic

PCE

"PCE" will be the system mnemonic used to identify the components (jobs, procedures, data sets, etc.) of the new redesigned Paid Claims Front-end system.

## 2.2    Account Code

PCE1001

"PCE1001" will be the account code used in the new redesigned Paid Claims Front-end.  This account code will be referenced in the job cards of all jobs executed in the new front-end system, and this account code will be used as one of the nodes in the names of all files created in the new front-end system.

## 2.3    JCL – Jobs and Procedures

### 2.3.1   Jobs

Jobs will be named "HDPCE*XXY*", where "XX" is a 2-digit numeric denoting the source being processed, and "Y" is a 1-digit numeric denoting the process being performed.

There are 29 unique sources of claims data that will be processed by the paid claims front-end system.  For a complete listing of sources, including record formats, and numeric and alpha source identifiers, see section 3.1.

Exec JCL members will reside in new production PDS "HDDGUP.PCELIB.CNTL".

#### 2.3.1.1       SAR Retention

All new jobs in the redesigned system will be setup to have their SYSOUT data sets routed to SAR library "HD.PH7" where they will be retained for 7 years.

This is accomplished by adding the following "/*ROUTE" line to the exec JCL as shown here.

```
//HDPCE011 JOB  (HDHIP0415T,HD0X,30,20,0),T00HIP0415MIKER,
//            TIME=1440,
//            MSGCLASS=A,
//            NOTIFY=&SYSUID
//***
// JCLLIB ORDER=(HDEXITE.PCE.PROCLIB)
//***
/*ROUTE PRINT R112
/*ROUTE PUNCH R112
```

### *2.3.2 Procedures*

Procedures will be named "HDPCE*XYY*", where "X" is a 1-digit numeric denoting the function being performed, and "YY" is a 2-digit numeric used to identify each unique variation of a given process.

For a complete listing of processes performed in the redesigned front-end system, see section 3.2.

Procedures will reside in existing production PDS "U.PROCLIB"

### *2.3.3 File Names*

Files will be named as follows.

"HD.*ACCTCODE.PROCESS.SOURCE.*OPEN-1…OPEN-x.*MOP*"

- ACCTCODE – the assigned account code for the redesigned front-end system, "PCE1001".
- PROCESS – the creating process, e.g., "INTAKE", "EDIT", "DUPECHCK", "REPORT", "CONVERT" or "CONS".
- SOURCE – the alpha identifier of the source being processed.
- OPEN1 through OPEN-x are free form names to describe the file.
- MOP – the month of process in the format "MMMYY", e.g., "APR04".

#### 2.3.3.1 **File Retention**

The following retention periods were derived from current production settings.

- Work files will be retained for 60 days.
- The raw claims data file, as sent by the source, will be retained for 5475 days, or 15 years.
- The Standard-35 edited claims file will be retained for 5475 days, or 15 years.
- The converted claims files (LPC, SPC and Old-35) created for use by downstream systems will be retained for 730 days, or 2 years.
- The consolidated claims files created for use by downstream systems will be retained for 10 years for Short Paid claims, 5 years for Old-35 claims, and 2 years for all others.

# 3  Paid Claims Redesigned Front-end System

## 3.1  Sources of Paid Claims Data

The following table lists the 29 sources that provide data to the Paid Claims system.  The table lists the format of the claims file as received from the source, as well as the numeric and alpha codes used to identify each source.

**Table 3.1 – 1** The 29 Paid Claims Source Files

| Source File | Format | ID | Alpha ID |
|---|---|---|---|
| 1.    COHS - Yolo | Compressed, Fixed L=12908, S35 format | 01 | YOLO |
| 2.    COHS - Santa Cruz | Compressed, Fixed L=25158, S35 format | 02 | SCRUZ |
| 3.    COHS - Monterey | Compressed, Fixed L=25158, S35 format | 03 | MONTEREY |
| 4.    COHS - Santa Barbara | Compressed, Fixed L=10408, S35 format | 04 | SBARBARA |
| 5.    COHS - San Mateo | Compressed, Fixed L=25158, S35 format | 05 | SANMATEO |
| 6.    COHS - Napa | Compressed, Fixed L=12908, S35 format | 06 | NAPA |
| 7.    COHS - Solano | Compressed, Fixed L=12908, S35 format | 07 | SOLANO |
| 8.    COHS – Orange | Variable L=25154, S35 format | 08 | ORANGE |
| 9.    Delta Dental Regular | Variable L=25154, S35 format | 09 | DDREG |
| 10.  Delta Dental Special | Variable L=25154, S35 format | 10 | DDSPECL |
| 11.  Delta Dental Root Canal | Variable L=25154, S35 format | 11 | DDRCANAL |
| 12.  Delta Dental IRCA | Variable L=25154, S35 format | 12 | DDIRCA |
| 13.  DMH State Hospital | Variable L=7330, LPC format | 13 | STHOSP |
| 14.  DSS PCSP | Variable L=7330, LPC format | 14 | DSSPCSP |
| 15.  DDS Waiver | Variable L=7330, LPC format | 15 | DDSWAIVR |
| 16.  DDS TCM | Variable L=13844, O35 format | 16 | DDSTCM |
| 17.  Medi-Cal TCM | Variable L=13844, O35 format | 17 | MCTCM |
| 18.  EDS Mental Health Inpatient | Variable L=25154, S35 format | 18 | MHINPAT |
| 19.  EDS 35 Tapes | Variable L=25154, S35 format | 19 | EDS35 |
| 20.  EDS Encounters | Variable L=904 | 20 | EDSENCTR |
| 21.  Short Doyle | Fixed L=300 | 21 | MSD |
| 22.  EDS CHD | Fixed L=741 | 22 | CHD |
| 23.  EDS Breast Cancer EDP | Variable L=25154, S35 format | 23 | BCEDP |
| 24.  EDS Healthy Family | Variable L=25154, S35 format | 24 | EDSHFAM |
| 25.  Delta Dental Healthy Family | Variable L=25154, S35 format | 25 | DDHFAM |
| 26.  EDS CCS | Variable L=25154, S35 format | 26 | CCS |
| 27.  EDS GHPP | Variable L=25154, S35 format | 27 | GHPP |
| 28.  EDS CMSP | Variable L=25154, S35 format | 28 | EDSCMSP |
| 29.  Delta Dental CMSP | Variable L=25154, S35 format | 29 | DDCMSP |

## 3.2    Front-end Processes, High-level View

The following table lists the processes that make-up the redesigned Paid Claims Front-end system.

**Table 3.2 – 1** Paid Claims Front-end Processes

| Process | Description | ID |
|---|---|---|
| Intake | Receives external claims file from the source and makes ready for Edit process. | 1 |
| Edit | • Performs field edits on Standard-35 claim records<br>• Performs field initializations on Standard-35 claim records when field contains invalid data<br>• Performs CIN-Tagging<br>• Performs Drop-Edits<br>• Populates new fields on claim record – Record Source Code, Edit Flag, Record Identification Number, and Segment Identification Number<br>• Populates Bene-CIN field on claim record with value retrieved from MEDS during the CIN-Tag routine<br>• If the SSN field is non-numeric on Claim record, then populates with the SSN retrieved from MEDS during the CIN-Tag routine | 2 |
| Duplication-Check | Compares encounter/ COHS claims records to 30-month bed of history to check for duplicates of previously processed encounter/ COHS claims. | 3 |
| Report | Generates and transmits the 35-file Edit Summary report, the Drop-Edit Detail report (for MIS/DSS reported sources), and the Dupe-Check Summary report (for encounter/ COHS sources).  Reports are transmitted via email. | 4 |
| Conversion | Converts Standard-35 claims file into formats required by downstream processes – Long Paid Claim (LPC), Short Paid Claim (SPC), and/ or Old-35. | 5 |
| Consolidation/ Extraction | Aggregates like source files together as needed by downstream processes.  Creates the Standard-35 extracts for RMC and RMD systems, creates the Old-35 extract for MFR, etc. | 6 |

**Figure 3.2 – 1** shows the flowchart view of front-end processes 1 – 5.

These processes are executed for each source received, with the following exception – the Duplication-Check process will only be executed for the COHS/ Encounter sources.  Each process is covered in detail in the sections that follow.
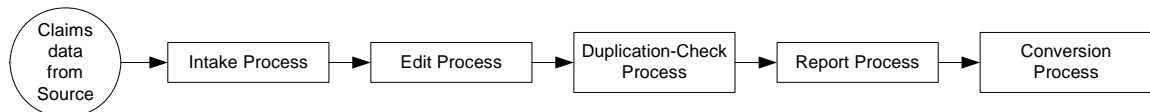
**Figure 3.2 – 2** shows the flowchart view of front-end process 6.

The consolidation/ extraction process is executed once in the monthly cycle.  This process is made up of several jobs that run concurrently to create aggregate files that are needed by downstream systems.  This process is covered in more detail in a section that follows.
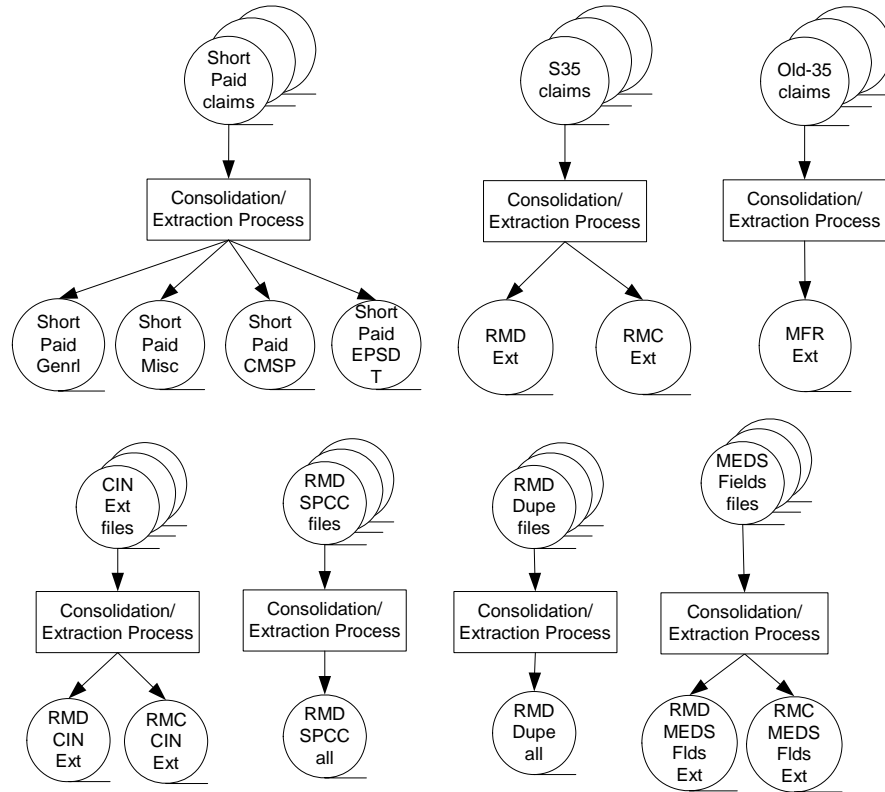
*\* Note - SPCC  stands for Statistical Process Control Charts.*

## 3.3     Intake Processes

The function of the intake process is to accept the external claims file from the source, verify the record count to insure the correct file was sent, and prepare the claims data for the edit process. There are 29 external feeds into the Paid Claims system, and files are received in a variety of formats.  All suppliers of data have been asked to send their claims files in the Standard-35 format, but in the interim, the intake process will make the necessary conversions to put the source files in the Standard-35 format *.

*\* Note – The Standard-35 claims output file is sorted by MEDS-ID, CIN and Beneficiary-ID for the purpose of efficiency in the Edit process; this sort sequence is optimal for the CIN-Tag routine of the Edit process.*

### 3.3.1    Intake Process – Variation 1 (HDPCE101)

Intake process 1 will receive those files that are sent from the source in the Standard-35 layout, i.e., variable-blocked with a record length of 25,154.

The following 14 sources will utilize intake process type 1.

- a)   Delta Dental Regular
- b)   Delta Dental Special
- c)   Delta Dental Root Canal
- d)   Delta Dental IRCA
- e)   EDS Mental Health Inpatient
- f)   EDS 35
- g)   EDS Breast Cancer EDP
- h)   EDS Healthy Family
- i)   Delta Healthy Family
- j)   EDS CCS
- k)   EDS GHPP
- l)   EDS CMSP
- m)  Delta CMSP
- n)   COHS – Orange*

*\* Note – Orange is the only COHS source that sends a portion[1] of their claims data in the Standard-35 format on tape, and therefore is the only COHS source that can utilize intake process 1.  The other 7 COHS sources send their data in a compressed format on CD-ROM, and require special conversion steps.  See intake process 2 and 3 for the other 7 COHS sources.*

*[1]Orange encounters are sent on the EDS Encounter tapes.*

**Figure 3.3.1 – 1** shows the flowchart view of Intake Process 1.
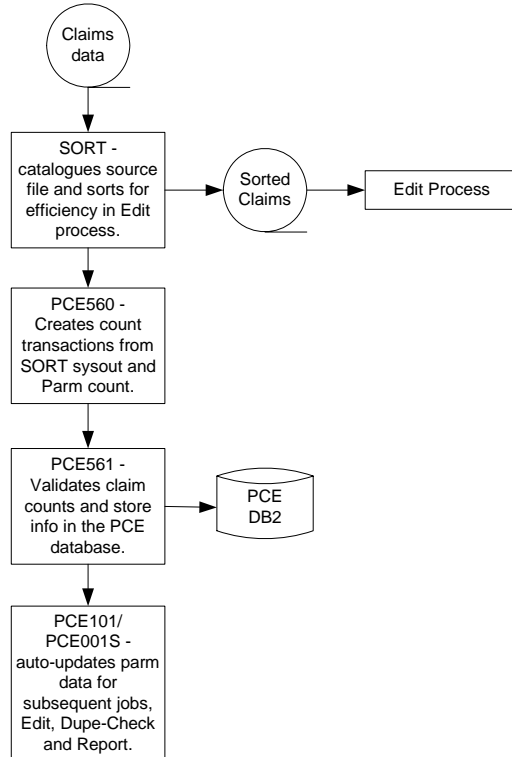


See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

a) PCE101S1 – sort control[1]
b) PCE560 – COBOL program[2]
c) PCE561 – COBOL program[3]
d) PCE101 – COBOL program[4]
e) PCE001S – REXX program[5]
f) HDPCE101 – PROC
g) Exec JCL for 14 sources using this intake process

[1] *PCE101S1 – SORT control card to order Standard-35 claim records by MEDS-ID, CIN and Beneficiary-ID; this is the optimal sequence for the CIN-Tag routine of the Edit-Process.*

[2] *PCE560 – COBOL program that creates count transactions from the SORT SYSOUT and/ or a record count entered as a parameter in the exec JCL (as from a transmittal sheet).*

[3] *PCE561 – COBOL program that stores record count information in the Paid Claims database, and performs count balancing.*

[4] *PCE101 – COBOL program that creates transactions used by program PCE001S to auto-update parameter values in the exec JCL of subsequent jobs.*

[5] *PCE001S – REXX program that auto-updates parameter values in exec JCL and conditionally auto-submits jobs For Intake processes, the auto-submit function is turned off..*

### 3.3.2 Intake Process – Variation 2 (HDPCE102)

Intake process 2 will receive and make ready the claim data that is sent in a compressed, fixed format; this is the common format used by many County Organized Health Systems (COHS). This process will expand the compressed data and convert the records to a variable-block format.  Those counties that send their claims data in a single file will use this process.

The following 5 sources will utilize intake process type 2. *

 a) COHS - Yolo
 b) COHS – Santa Barbara
 c) COHS – San Mateo
 d) COHS – Napa
 e) COHS - Solano

*Note – COHS sources Monterey and Santa Cruz send their prescription drug claims on a separate file, and therefore require additional steps to handle the extra file; they will utilize intake process 3.*

**Figure 3.3.2 – 1** shows the flowchart view of Intake Process 2.
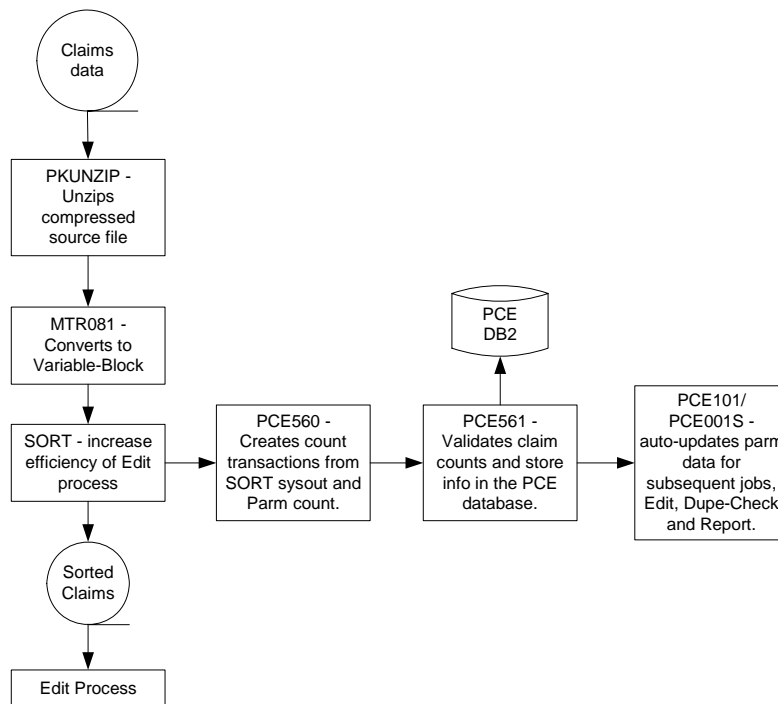


See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

 a) PCE101S1 – sort control
 b) PCE560 – COBOL program
 c) PCE561 – COBOL program
 d) PCE101 – COBOL program
 e) PCE001S – REXX program
 f) HDPCE102 – PROC
 g) Exec JCL for the 5 sources using this intake process

### 3.3.3   Intake Process – Variation 3 (HDPCE103)

Intake process 3 is similar to intake process 2, except it is designed to handle County Organized Health Systems that send their claim data in 2 files.

    a)   COHS – Santa Cruz
    b)   COHS – Monterey

**Figure 3.3.3 – 1** shows the flowchart view of Intake Process 3.



*\* Note – Even though the claims data is received in two files, the intake process merges the data into a single file when converting to the Standard-35 format.*

See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

    a)   PCE101S1 – sort control
    b)   PCE560 – COBOL program
    c)   PCE561 – COBOL program
    d)   PCE101 – COBOL program
    e)   PCE001S – REXX program
    f)   HDPCE103 – PROC
    g)   Exec JCL for 2 sources using this intake process

### 3.3.4   Intake Process – Variation 4 (HDPCE104)

Intake process 4 will receive and make ready the claims data that is sent in the Long Paid Claim (LPC) format, i.e., variable-blocked with record length of 7330.  This process will convert the data to the Standard-35 format, the format expected by the edit process.

The following 3 sources will utilize intake process type 4.

     a) DMH State Hospital
     b) DSS PCSP
     c) DDS Waiver

**Figure 3.3.4 – 1** shows the flowchart view of Intake Process 4.

```
        ┌─────────┐
        │ Claims  │
        │  data   │
        └─────────┘
             │
             ▼
    ┌──────────────────┐
    │ SORT -           │
    │ Copy and         │
    │ catalogue file   │
    │ from source      │
    └──────────────────┘
             │
             ▼
    ┌──────────────────┐
    │ MTR090 - Convert │
    │ LPC file to      │
    │ Old-35 format    │
    └──────────────────┘
             │
             ▼
    ┌──────────────────┐                                    ╭────────╮
    │ MTR093 - Convert │                                    │  PCE   │
    │ Old-35 format to │                                    │  DB2   │
    │ Standard-35      │                                    ╰────────╯
    │ format           │                                        ▲
    └──────────────────┘                                        │
             │
             ▼
    ┌──────────────────┐    ┌──────────────────┐    ┌──────────────────┐    ┌──────────────────┐
    │ SORT - increase  │───▶│ PCE560 -         │───▶│ PCE561 -         │───▶│ PCE101/          │
    │ efficiency of    │    │ Creates count    │    │ Validates claim  │    │ PCE001S -        │
    │ Edit process     │    │ transactions     │    │ counts and store │    │ auto-updates     │
    └──────────────────┘    │ from SORT sysout │    │ info in the PCE  │    │ parm data for    │
             │              │ and Parm count.  │    │ database.        │    │ subsequent jobs, │
             ▼              └──────────────────┘    └──────────────────┘    │ Edit and Report. │
        ┌─────────┐                                                         └──────────────────┘
        │ Sorted  │
        │ Claims  │
        └─────────┘
             │
             ▼
    ┌──────────────────┐
    │ Edit Process     │
    └──────────────────┘
```

See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

     a) PCE101S1 – sort control
     b) PCE560 – COBOL program
     c) PCE561 – COBOL program
     d) PCE101 – COBOL program
     e) PCE001S – REXX program
     f) HDPCE104 – PROC
     g) Exec JCL for the 3 sources using this intake process

### 3.3.5 *Intake Process – Variation 5 (HDPCE105)*

Intake process 5 will receive and make ready the claims data that is sent in the Old-35 format, i.e., variable-blocked with record length of 13844. This process will convert the data to the Standard-35 format, the format expected by the edit process.

The following 2 sources will utilize intake process type 5.

     a) DDS TCM

b) Medi-Cal TCM

**Figure 3.3.5 – 1** shows the flowchart view of Intake Process 5.
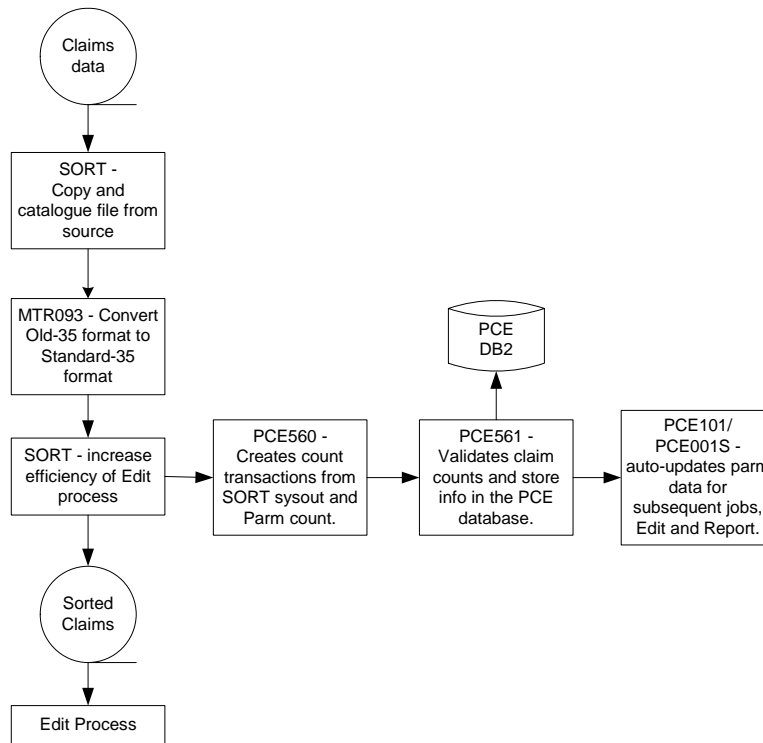


See the "New Components" section in the Detail Design document for more information on the following modules used in this process.
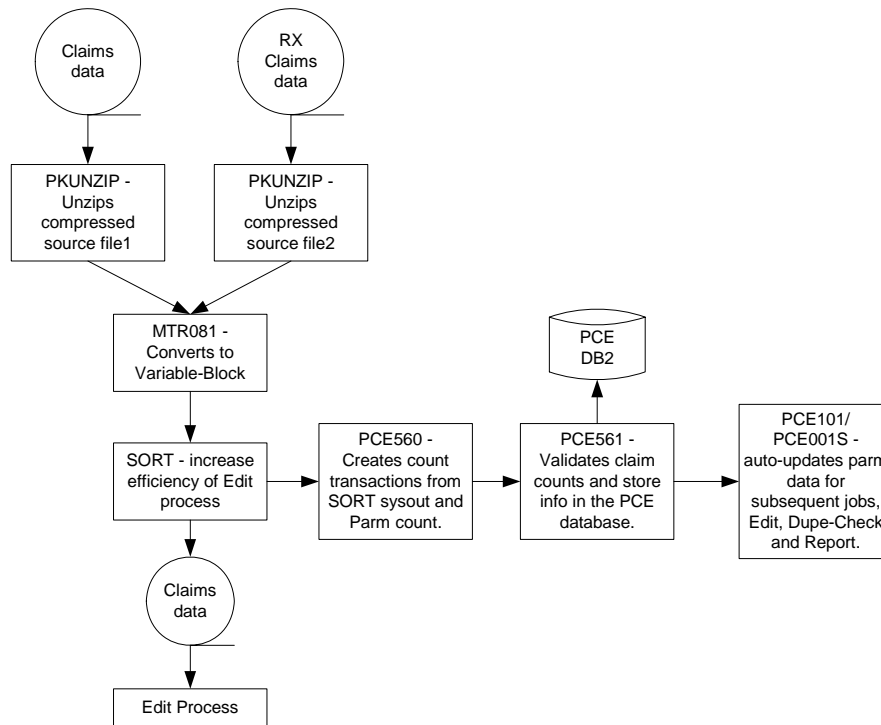
a) PCE101S1 – sort control
b) PCE560 – COBOL program
c) PCE561 – COBOL program
d) PCE101 – COBOL program
e) PCE001S – REXX program
f) HDPCE105 – PROC
g) Exec JCL for the 2 sources using this intake process

### 3.3.6  Intake Process – Variation 6 (HDPCE106)

Intake process 6 will receive and make ready the EDS Encounter data. The encounters are received in a variable-blocked format with a record length of 904. This process will convert the data to the Standard-35 format, the format expected by the edit process.

The following 1 source will utilize intake process type 6.

a) EDS Encounters

**Figure 3.3.6 – 1** shows the flowchart view of Intake Process 6.

```
                    ┌─────────┐
                    │   EDS   │
                    │  Enctrs │
                    └────┬────┘
                         │
              ┌──────────▼──────────┐
              │   PCE153 - create   │
              │       OUTREC        │
              │   statement for     │
              │        SORT         │
              └──────────┬──────────┘
                         │
              ┌──────────▼──────────┐
              │       SORT -        │
              │     Copy and        │
              │  catalogue file from│
              │       source        │
              └──────────┬──────────┘
                         │
              ┌──────────▼──────────┐
              │  MTR091 - Convert   │
              │   Encounter Data to │
              │     Old-35 format   │
              └──────────┬──────────┘
                         │
              ┌──────────▼──────────┐
              │  MTR093 - Convert   │                                  ┌─────────┐
              │   Old-35 format to  │                                  │   PCE   │
              │    Standard-35      │                                  │   DB2   │
              │       format        │                                  └────┬────┘
              └──────────┬──────────┘                                       │
                         │                                                  │
              ┌──────────▼──────────┐   ┌──────────────┐   ┌───────────────▼───┐   ┌──────────────┐
              │  SORT - increase    │   │  PCE560 -    │   │    PCE561 -       │   │   PCE101/    │
              │  efficiency of Edit  │──▶│ Creates count│──▶│  Validates claim  │──▶│   PCE001S -  │
              │      process        │   │ transactions │   │ counts and store  │   │auto-updates parm│
              └──────────┬──────────┘   │  from SORT   │   │ info in the PCE   │   │    data for  │
                         │              │ sysout and   │   │    database.      │   │ subsequent jobs,│
                         │              │ Parm count.  │   └───────────────────┘   │ Edit, Dupe-Check│
                         │              └──────────────┘                           │  and Report. │
                    ┌────▼────┐                                                     └──────────────┘
                    │ Sorted  │
                    │ Claims  │
                    └────┬────┘
                         │
              ┌──────────▼──────────┐
              │    Edit Process     │
              └─────────────────────┘
```

See the "Existing Component Modifications" section in the Detail Design document for details of the following module used by this process.

    a)    PCE106S1 (rename of RMD50502) – sort control


See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

    a)    PCE101S1 – sort control
    b)    PCE153 – REXX program[1]
    c)    PCE560 – COBOL program
    d)    PCE561 – COBOL program
    e)    PCE101 – COBOL program
    f)    PCE001S – REXX program
    g)    HDPCE106 – PROC
    h)    Exec JCL for the 1 source using this intake process
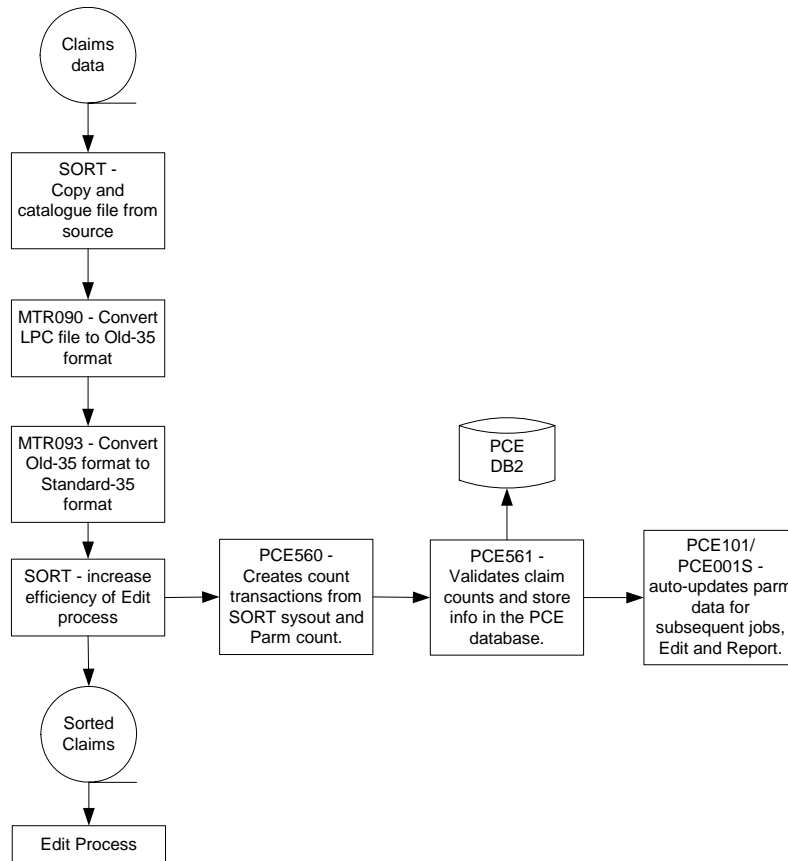
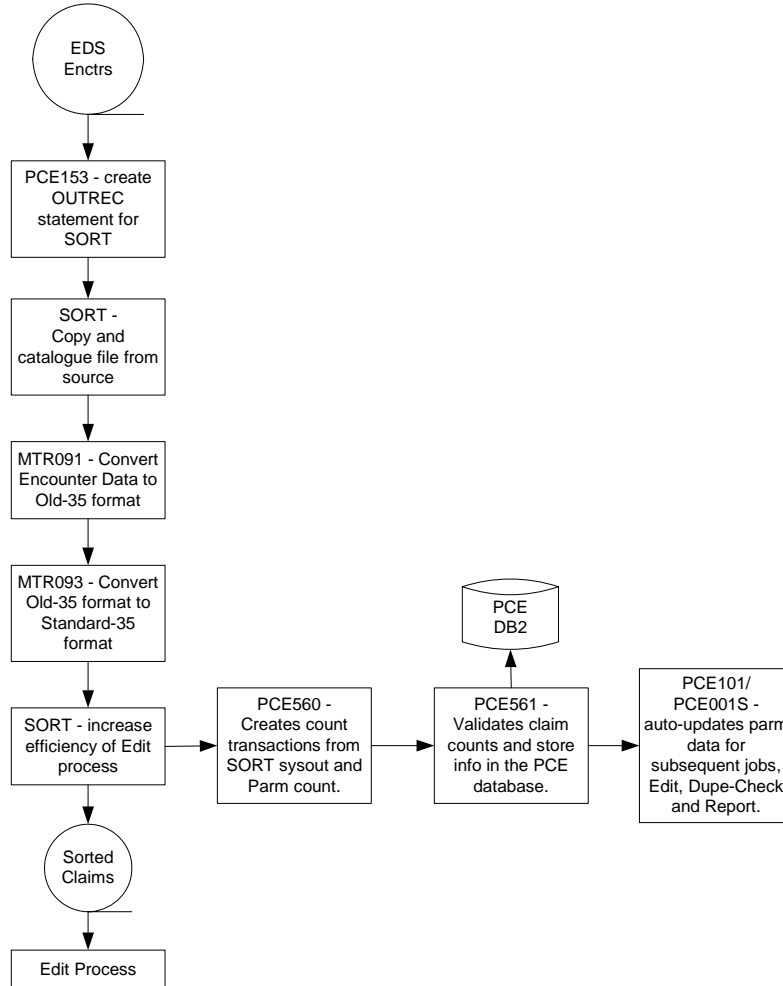[1] *PCE153 – a simple REXX program to build the OUTREC statement for the sort step that follows. The OUTREC statement is used to imbed the CHECK-DATE on the encounter*

*records; the date used is the last day of the current month of process in the format YYMMDD.*
*PCE153 makes this process automatic, alleviating the need for manual updates to the JCL to*
*plug in the correct date.*

### 3.3.7        *Intake Process – Variation 7 (HDPCE107)*

Intake process 7 will receive and make ready the Short-Doyle claims data; Short-Doyle claims
files are created weekly in the MSD system by job HDMSD460.  The data is received in a
fixed-blocked format with a record length of 300.  This process will convert the data to the
Standard-35 format, the format expected by the edit process.

The following 1 source will utilize intake process type 7.

    a)   Short-Doyle

**Figure 3.3.7 – 1** shows the flowchart view of Intake Process 7.
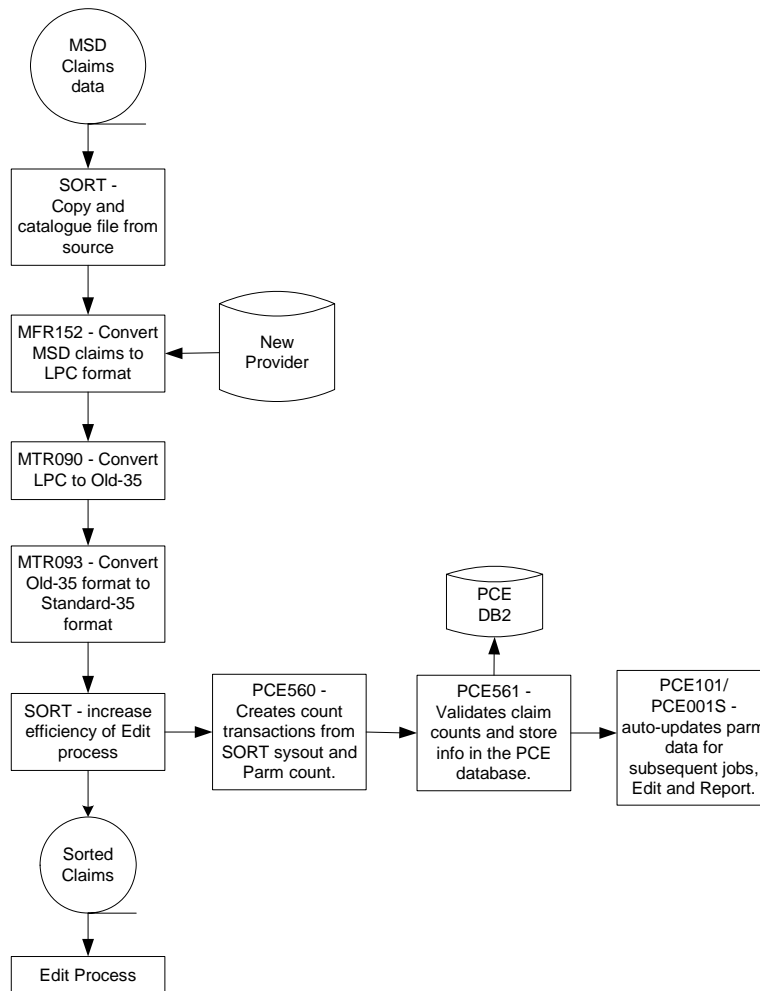


See the "New Components" section in the Detail Design document for more information on
the following modules used in this process.

    a)   PCE101S1 – sort control
    b)   PCE560 – COBOL program

    c)   PCE561 – COBOL program
    d)   PCE101 – COBOL program
    e)   PCE001S – REXX program
    f)   HDPCE107 – PROC
    g)   Exec JCL for the 1 source using this intake process

### 3.3.8   Intake Process – Variation 8 (HDPCE108)

Intake process 8 will receive and make ready the EDS CHDP claims data; CHDP claims files are created in the CHD system by job HDCHD505.  The data is received in a fixed-blocked format with a record length of 741.  This process will convert the data to the Standard-35 format, the format expected by the edit process.

The following 1 source will utilize intake process type 8.

    a)   EDS CHD

**Figure 3.3.8 – 1** shows the flowchart view of Intake Process 8.
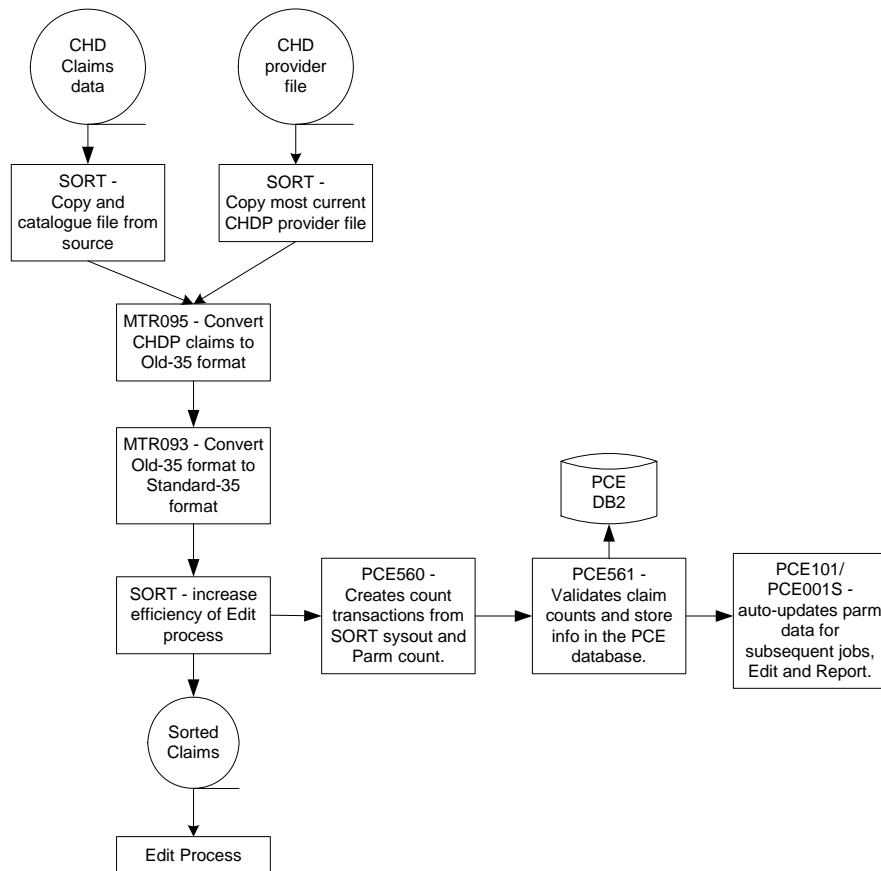


See the "Existing Component Modifications" section in the Detail Design document for details of the following module used by this process.

    a)   PCE108S1 (rename of RMD25003) – sort control

See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

a) PCE101S1 – sort control
b) PCE560 – COBOL program
c) PCE561 – COBOL program
d) PCE101 – COBOL program
e) PCE001S – REXX program
f) HDPCE108 – PROC
g) Exec JCL for the 1 source using this intake process

## 3.4   Edit Process (HDPCE200)

The main purpose of the edit process is to inspect each field for valid data.  If invalid data is found, e.g., a packed-decimal field contains non-numeric data, or an alphanumeric field contains a hexadecimal byte value that translates into an uncommon/ unknown character value, then the error is counted and written to the error file, and the field may be initialized.  The field will be initialized if necessary for processing by downstream systems, to avoid jobs from aborting due to encountering invalid data; when necessary, packed-decimal fields will be initialized to ZERO (+0) and alpha-numeric fields will be initialized to SPACE.  In addition to checking for valid data, some fields require more scrutiny to insure that the field value falls within a range of acceptable values.  For example, DATE fields will be verified to contain valid date values; if a date field is found to contain a value that is not a valid date value or is a future date value, then the error is counted and written to the error file, and the date field is initialized to ZERO.

The main edit module, new program PCE100, of the edit process will resemble program MTR100, which is used in production today to edit the Old-35 claim files from the County Organized Health Systems (COHS) and other sources.  In contrast to program MTR100, the main edit module will be created specifically for editing claims files in the Standard-35 format, and will be utilized by all 29 claims files received in the front-end system.

The main edit module will also be responsible for setting the values for the following Standard-35 claim fields – Record Identification Number (RIN), Segment Identification Number (SIN), Edit Flag and Record Source Code; each field is described in detail in the subsequent sections that follow.  The main edit module will also set the value of the Beneficiary CIN field, and may modify the value of the SSN/ MEDS-Id field; refer to the subsequent section on CIN-Tagging.

### 3.4.1   The New "Record Identification Number" (RIN) Field

There will be an eight-byte field added to the header portion of the Standard-35 file layout to be used as a unique identifier for a claim record; the field will be defined as packed-decimal, 15-digit numeric.

The field will be in the format – "YYMMSSNNNNNNNNN", where "YYMM" is 4-digits to denote the month of process, "SS" is 2-digits to denote the source, and "NNNNNNNNN" is a 9-byte sequentially assigned number starting with 000000001 up to the number of claims in the file.

The RIN field will be useful in identifying claims on the data warehouse.  For example, if a source sends a replacement file after data has already been loaded to the warehouse, the RIN field can be used to identify and remove the old claims from the databases, prior to loading the replacement claims.

### *3.4.2 The New "Segment Identification Number" Field*

There will be a two-byte field added to the end of the detail portion of the Standard-35 file layout to be used as a unique identifier for each detail segment of a given claim. It will be a sequentially assigned numeric value.

The Segment Identification Number, like the Record Identification Number, will be useful in identifying claims data in the data warehouse, since each detail is stored as a separate record in the database.

### *3.4.3 The New "Record Source Code" Field*

There will be a two-byte field added to the header portion of the Standard-35 file layout to denote the source of the claims data. Each of the 29 sources will be assigned a unique 2-character identification value, in the range of "01" through "99".

This field will be populated in each claims record in the main edit module. The field will be used in the consolidation/ extraction processes to clearly identify the source where a claim record originated. This distinction is necessary since not all sources continue on to the same downstream processes. The Record Source Code will also be used to balance the count of aggregated claims data to the counts of the individual sources that comprise the claims data.

In the initialization portion of the main edit module, the alpha source (passed as a parameter in the JCL) will be used to retrieve the two-byte character identifier from the Paid Claims Control file.

### *3.4.4 The New "Edit Flag" Field*

There will be a one-byte field added to the header portion of the Standard-35 file layout to denote specific information important to the downstream MIS/DSS Reporting process. This flag will contain a one-byte character value to indicate the success or failure of three distinct processes.

- CIN-Tag process
- Drop-Edit process
- Duplication-Check process

These processes are executed in the order listed, and each process is only performed if the previous process was successful.

The CIN-Tag process and the Drop-Edit process are subroutines that will be called by the main edit module. The information returned by these subroutines determines how the value of the Edit Flag will be set. The Duplication-Check process is a separate job that is covered in detail in a latter section.

**Figure 3.4.4 – 1** shows the COBOL picture clause for the new Edit Flag field.

```
15  :S35:-EDIT-FLAG          PIC X(01).
    88  :S35:-EDIT-FLAG-INITIAL VALUE  ' '.
    88  :S35:-EDIT-ACCEPT       VALUE  'A'.
    88  :S35:-EDIT-REJECT-BPST   VALUE  'B'.
    88  :S35:-EDIT-REJECT-CIN-TAG
                                VALUE  'C'.
    88  :S35:-EDIT-REJECT-DUPLICATE
                                VALUE  'D'.
```

```
88   :S35:-EDIT-REJECT-DROP-EDIT
                            VALUE  'R'.
88   :S35:-EDIT-REJECT-SUSPENSE
                            VALUE  'S'.
```

*\* Note – The value "S" is used to denote "suspense" records (determined in the Drop-Edits routine).  Suspense records are claim records that pass the Drop-Edits, with the exception that the Check Date falls within the next process month.  Records flagged as "Suspense" records are withheld from being loaded to the data warehouse until the next process month in the MIS/DSS Reporting system.*

*\* Note – The value "B" is used to denote "BPST" test records.  These records are only found on the EDS 35 claims file.  They are identified by comparing the beneficiary identification information on the claim record to the BPST History file.  The check for BPST test records is performed in the Conversion process, and only for the EDS 35 claims file.*

### 3.4.5   CIN-Tagging

The function of the CIN-Tag subroutine is to verify the Client Identification Number, or CIN, provided on the paid claim record, or to derive the CIN from other beneficiary identification provided on the claim record.  The CIN is validated/ determined by performing a series of reads and checks against the MEDS database, the CIN Cross Reference database and the County Cross Reference database.

The CIN-Tag subroutine program specifications and test results have been published in a previous document.  The CIN-Tag subroutine is currently being utilized by the MIS/DSS Reporting system in production, and processes claims data in the Old-35 claim format.

For the redesigned system, the CIN-Tag subroutine will be modified to process against the Standard-35 claims record, and the subroutine will be called from the main edit module.

The main edit module will use the CIN-Tag subroutine to insure each claim record has the current CIN known to MEDS.  If CIN-Tagging is successful for a claim, then the CIN found on MEDS will be moved to the BENE-CIN field of the claim record.

Also, if the SSN/ MEDS-Id field value on the claim record is non-numeric, then the SSN/ MEDS-Id field will be populated with the MEDS-Id found on MEDS during the CIN-Tag routine.

If the SSN/ MEDS-Id field value on the claim record is numeric, and is different than the MEDS-Id found on MEDS during CIN-Tagging, and the source is MIS/DSS reported (RMD system source), then a record is written to the MEDS Fields file.  The MEDS Fields file will be used by downstream system RMD to replace the SSN/ MEDS-Id field value on the claim with the value retrieved from MEDS, prior to transmitting claims to the data warehouse for loading.

If the CIN-Tag subroutine fails to find a valid CIN for a claim record, then the Edit Flag will be set to "C" for REJECT-CIN-TAG, and the SSN/ MEDS-Id field will be unchanged.

All sources will be CIN-Tagged.

### 3.4.6   Drop-Edits

The function of the Drop-Edits subroutine is to verify that certain key fields contain acceptable data according to guidelines set by the MIS/DSS data warehouse.  If the data is deemed unacceptable, then the claim record will not be loaded to the data warehouse.

The following edits are performed in the Drop-Edits subroutine.

- Claim Aid Code must be valid FFP Aid Code; verified using the AIDFFP copy member.
- Claim County Code must be a valid FFP County; verified using the CNTYFFP copy member.
- Claim Check Date must be a valid numeric date, and cannot be greater than the last day of the process month, and cannot be older than 30 months prior to the process month.
- Claim CIN cannot contain imbedded spaces, and CIN cannot be equal to spaces, zeros, all nines, or low values.
- Claim Segment Count must be greater than zero.
- If Claim Plan Code is "02" (Managed Care) and Claim Type is Outpatient ("1") or Inpatient ("2"), then Header From Date of Service must be valid numeric date, and cannot be greater than the last day of the process month. Otherwise, From Date of Service (on each detail record) must be valid numeric date, and cannot be greater than the last day of the process month.

The Drop-Edits subroutine currently runs as part of the MIS/DSS Reporting system, and processes against claim records in a special format (Old-35 format, with expanded dates).

For the redesigned system, the Drop-Edits subroutine will be modified to process against the Standard-35 claims record, and the subroutine will be called from the main edit module.

If the results returned by the subroutine indicate that the record should be dropped, then the main edit module will set the Edit Flag to "R" for REJECT-DROP-EDIT. If a claim record fails the Drop-Edits, then the subroutine will write records to the DROPS file and the ERRORS file which will be used in the Report process to create the Drop Edit report.

If the subroutine results indicate that the claim record is a suspense record, i.e., passes all Drop-Edits with the exception that the check date has a value that falls in the next process month, then the main edit module will set the Edit Flag to "S" for REJECT-SUSPENSE. The MIS/DSS Reporting system will withhold suspense records from being loaded to the data warehouse until the next process month.

The main edit module will call the Drop-Edits subroutine after the CIN-Tag subroutine has been called, and only if a CIN was successfully found.

### 3.4.7 Flowchart View of Edit Process

**Figure 3.4.7 – 1** shows the flowchart view of the Edit Process.
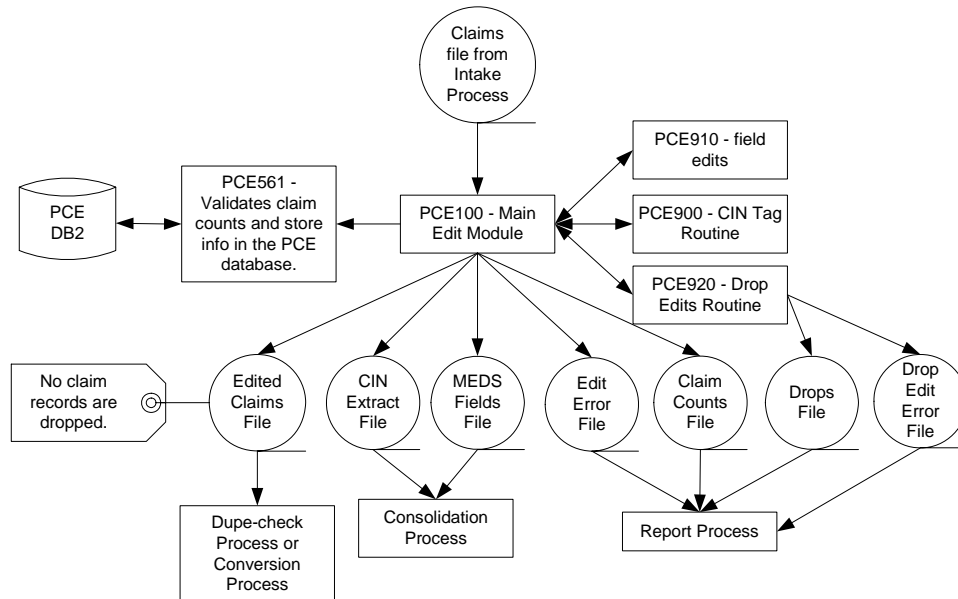


See the "Existing Component Modifications" section in the Detail Design document for more information on the following modules used in this process.

    a) PCE900 – COBOL program[1]
    b) PCE901 – COBOL program[1]
    c) PCE902 – COBOL program[1]

*[1] Programs PCE900, PCE901 and PCE902 are subroutines currently used in production to perform CIN-Tagging on claims in the Old-35 format. They are being modified to process against claims in the Standard-35 format.*

See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

    a) PCE100 – COBOL program[1]
    b) PCE910 – COBOL program[2]
    c) PCE920 – COBOL program[3]
    d) HDPCE200 – PROC
    e) Exec JCL for the 29 sources executing this process

*[1] PCE100 – main edit module. For each claim record, calls subroutine PCE910 to perform field edits and initializations, calls PCE900 to perform CIN-Tagging, and calls PCE920 to perform Drop-Edits.*

*[2] PCE910 – subroutine to perform field edits and initializations on Standard-35 claims files.*

*[3] PCE920 – subroutine to perform Drop-Edits on Standard-35 claims files. Modeled after production program RMD256 which performs Drop-Edits on Old-35 claims files.*
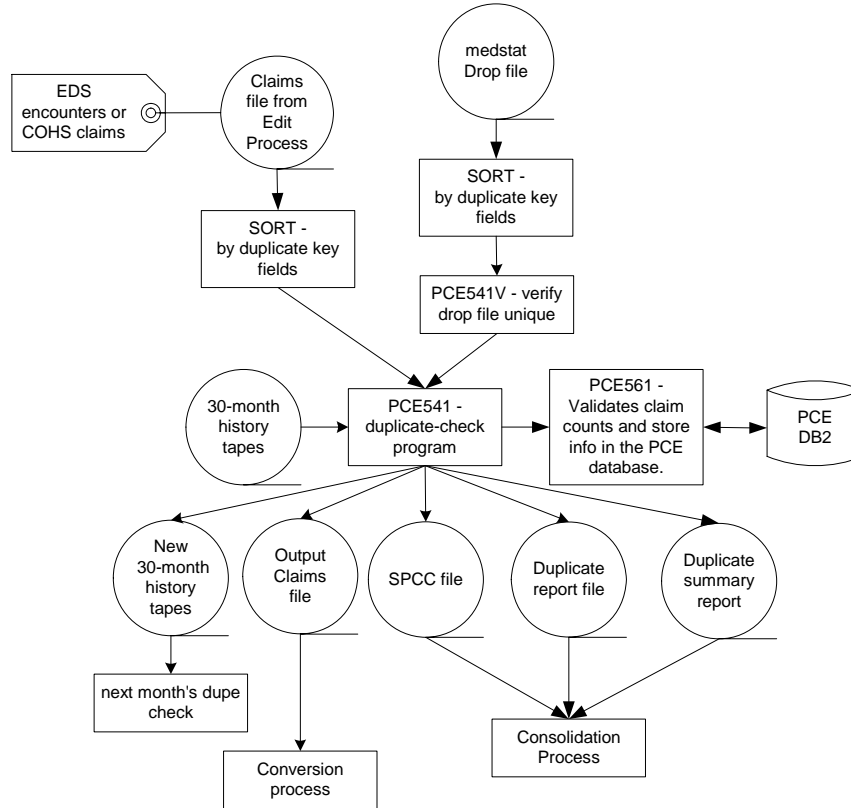
## 3.5     Duplication-Check Process (HDPCE300)

The Duplication-Check process compares encounter/ COHS claim records to a 30-month history file to insure that each record is a new encounter/ COHS claim and not a duplicate of a previously processed encounter/ COHS claim. If a record is found to be a duplicate, then the Edit Flag will be set to "D" for REJECT-DUPLICATE.

The history file contains encounters and claims received over the past 30 process months. Currently there are 2 history files, one for plan code "04" (COHS) claims, and one for plan code "02" (EDS) encounters, and they exist in a hybrid format (Old-35 format with expanded 8-character dates). The redesign effort will require the encounter/ COHS claim history to be split by source, instead of plan code, and the history files will need to be converted to the Standard-35 format. See the SPLITHIS exec JCL in the "New Components" section in the Detail Design document for more details on how this will be accomplished.

Currently, only EDS Encounters (plan code "02") and County Organized Health System (COHS) claims (plan code "04") are checked for duplicates; the process can easily be expanded to include other sources in the future.

If the Edit flag on the input record indicates that the claim record failed either the CIN-Tagging routine (no current CIN could be found for the claim record) or the Drop-Edits routine, then the record will not be processed through the dupe-check algorithm. Instead, the record will be counted and written to the output file. See the "Edit Process" section for more information on CIN-Tagging and Drop-Edits.

The SPCC (Statistical Process Control Charts) file is created during the Duplication-Check process. This file stores a variety of counts to track the types of encounters and claims processed in the last 30 months. Once a month, the SPCC data is uploaded to the "MIS/DSS Data Quality Management" application (an Access 2000/ Visual Basic PC application) where statistical views (charts and graphs) of the claims data are available.

**Figure 3.5 – 1** shows the flowchart view of the Duplication-Check Process.

```
  EDS              Claims              medstat
encounters or    file from            Drop file
COHS claims      Edit
                 Process

                                     SORT -
                 SORT -              by duplicate key
                 by duplicate key    fields
                 fields
                                     PCE541V - verify
                                     drop file unique

  30-month       PCE541 -           PCE561 -              PCE
  history        duplicate-check    Validates claim       DB2
  tapes          program            counts and store
                                    info in the PCE
                                    database.

  New       Output                              Duplicate
30-month    Claims      SPCC file   Duplicate   summary
history     file                    report file report
tapes

next month's dupe                  Consolidation
check                              Process

         Conversion
         process
```

See the "Existing Component Modifications" section in the Detail Design document for more information on the following modules used in this process.

    a)    PCE541DP (rename of RMD541DP) – sort control
    b)    PCE541V (rename of RMD541V) – COBOL program
    c)    PCE541 (rename of RMD541) – COBOL program

See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

    a)    PCE561 – COBOL program
    b)    HDPCE300 – PROC
    c)    Exec JCL for the 9 sources executing this process

See the "New Components" section in the Detail Design document for more information on the following related module.

    a)    SPLITHIS – exec JCL[1]

[1] *SPLITHIS – a one-time job that needs to be executed prior to implementing the redesigned Paid Claims front-end. Its function is to split the existing History files by source and to convert the history records to the Standard-35 format.*

## 3.6     Report Process (HDPCE400)

The function of the Report process is to generate and email pertinent reports to the program area to provide information on the condition of the claims data for the source being processed.  The program area will use these reports to determine whether or not to accept or reject the source claims file.  The program area will also be able to use the reports to provide feedback to the senders of the data to make them aware of problems found in their data.

This process will include the steps needed to create and/ or email the following reports.

- The Edit Summary report – provides counts for each error found in the Edit process. Errors are reported in order of highest frequency.  Errors are reported at a global level for all claims, and also reported at the PHP and Claim Type level.
- The Drop-Edits report[1] – provides detail for claims that failed the drop edits.
- The Duplication-Check Summary report[2] – provides a count of total claims that were found to be duplicates of previously processed claims.

[1] *Drop-Edit reports will not be generated for non MIS/DSS reported sources – EDS CCS, EDS GHPP, EDS BCEDP, EDS CMSP, EDS Healthy Family, Delta CMSP and DELTA Healthy Family.*

[2] *Duplication-Check Summary reports will be generated only for the EDS Encounter and 8 COHS sources.*

Once the program area has reviewed the reports, they will approve or reject the claims file online by using the new Paid Claims File Tracking Online system; see section 3.12 for more information on this application.

**Figure 3.6 – 1** shows the flowchart view of the Report Process.
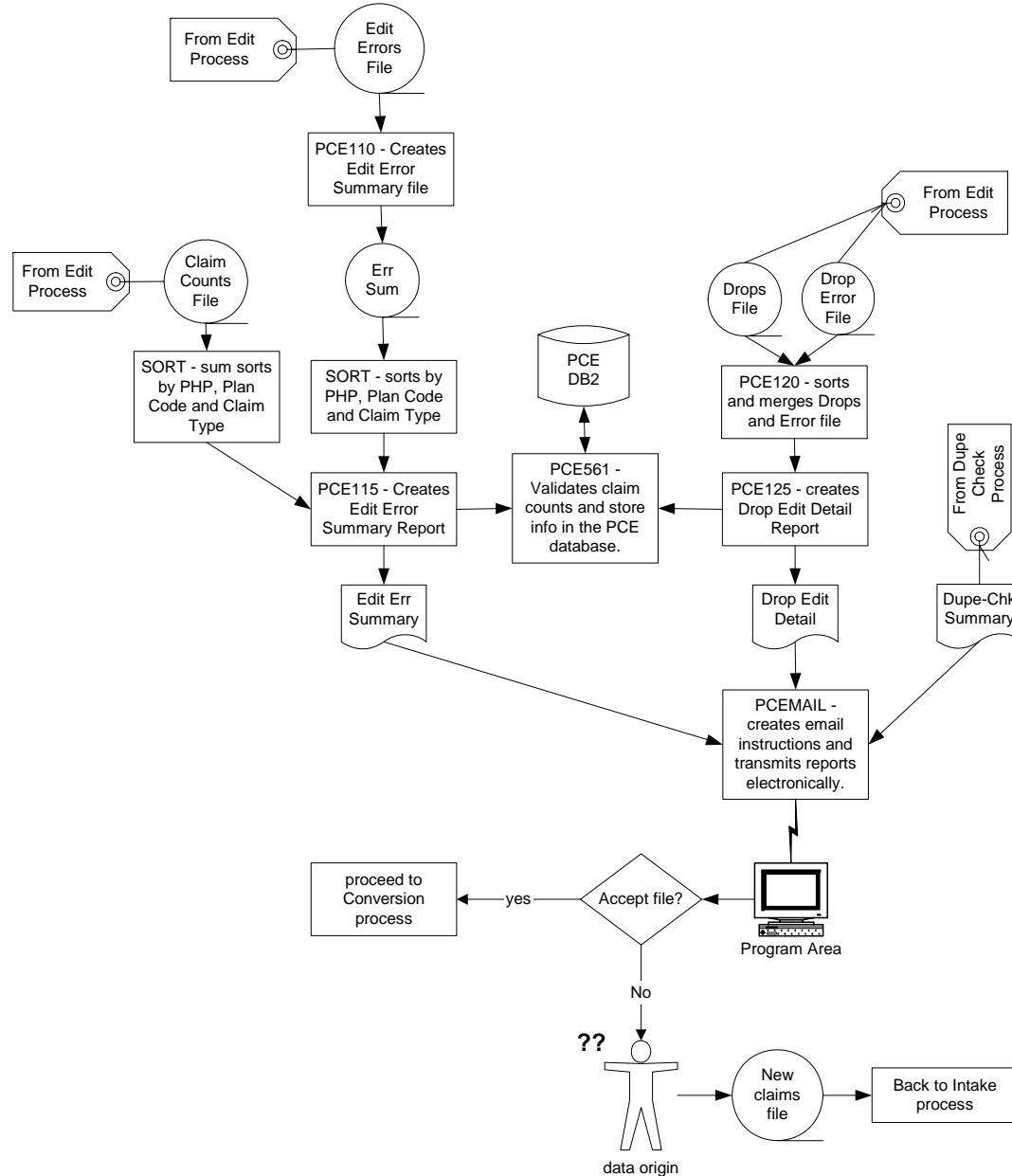


See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

a) PCE110 – COBOL program[1]
b) PCE115 – COBOL program[2]
c) PCE120 – COBOL program[3]
d) PCE125 – COBOL program[4]
e) PCEMAIL – COBOL program[5]
f) PCEMAIL – REXX program[6]
g) PCE400S1 – sort control[7]
h) PCE400S2 – sort control[8]
i) PCEMAIL – control file[9]

j) PCE561 – COBOL program
k) HDPCE400 – PROC
l) Exec JCL for the 29 sources executing this process

[1] *PCE110 – creates the Edit Error Summary file using the Edit Error file from the Edit process as input.*

[2] *PCE115 – creates the Edit Error Summary Report from the sorted Edit Error Summary file and the sorted Claim Counts file.*

[3] *PCE120 – merges the Drops file and Drops Error file and sorts in PHP, Plan Code and CCN order.*

[4] *PCE125 – creates the Drop Edit Detail Report.*

[5] *PCEMAIL – COBOL program to create email instructions for XMITIP REXX application to email reports to program area.*

[6] *PCEMAIL – simple REXX program that calls the XMITIP routine and passes the instructions created in the PCEMAIL COBOL program. If an error is encountered while attempting to send the email, then the program will ABEND.*

[7] *PCE400S1 – sort control statements to sort Edit Error file from Edit process by PHP, Plan Code and Claim Type.*

[8] *PCE400S2 – sort control statements to sum sort Claim Count file from Edit process by PHP, Plan Code and Claim Type. Sums on Count and Segment Count to get total claims and total segments.*

[9] *PCEMAIL – control file used by PCEMAIL COBOL program to construct email instructions pertaining to address file, report data set names, email subject, report format, etc.*

## 3.7    Conversion Process (HDPCE500)

The Conversion process creates the final edited Standard-35 claims file, and also converts the Standard-35 claims file into other common claim formats required by downstream processes. Each source that executes the Conversion process will create 1 to 4 output files in the following formats.

The Std-35 Claim format is variable-blocked with a record length of 25,154 bytes. This is an exact copy of the input claims file; it is the master copy that will be retained for 15 years.

The Old-35 Claim format is variable-blocked with a record length of 13,844 bytes.

The Long Paid Claim format is variable-blocked with record length of 7,330 bytes.

The Short Paid Claim format is variable-blocked with a record length of 2,472 bytes.

For the EDS 35 source, the Conversion process will check each record against the BPST History file to determine if a claim record is a BPST test record. If the beneficiary identification field values of the claim record matches the beneficiary identification values of a record in the BPST History file, then the Edit Flag of the claim record will be set to a value of "B" for REJECT-BPST. BPST test records will not be included in the converted claims files – Long Paid, Short Paid and Old-35. BPST test records will be written to a separate file in the Long Paid format, as is done in production.

The Omit Aid control card will be used by the Conversion process to omit claims having certain Aid Code values from the converted claims files.  In production, claims having Aid Code values "7X" or "0G" are omitted from the COHS claims files in the Intake process.  In the redesigned system, this exclusion will occur in the Conversion process.

The Conversion process will be executed for a source only after the file has been approved in the Paid Claims File Tracking Online system.

The various file formats to create for each source is determined by the Paid Claims Control File.

All sources will execute the Conversion process, however, the following 3 sources will only create the Standard-35 master copy – EDS Healthy Families, Delta Healthy Families and EDS Breast Cancer EDP.

New program PCE500 will be used to do the record conversions; see the program entry in the "New Components" section of the Detail Design document for more information on this module.

**Figure 3.7 – 1** shows the flowchart view of the Conversion Process.
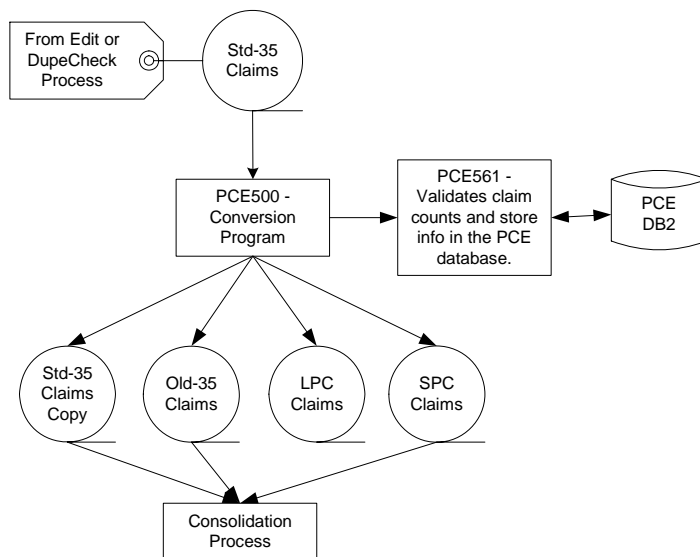


See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

   a)   PCE500 – COBOL program[1]
   b)   OMITAID – control file[2]
   c)   PCE561 – COBOL program
   d)   HDPCE500 – PROC
   e)   The exec JCL for the 29 sources executing this process

[1] *PCE500 – performs all claim file conversions to other formats, Short Paid, Long Paid and Old-35.*

[2] *OMITAID – control file used to specify Aid Code values to omit from the converted claims files.*

## 3.8    Consolidation/ Extraction Process

The Consolidation/ Extraction process is executed once during a process month.

The Consolidation/ Extraction process aggregates like files together as needed by downstream systems.

The Consolidation/ Extraction process can begin once the "Conditions for Consolidation" have been met.  The requirements for consolidation will be maintained in a control card that is input to the Daily Monitor job.  Examples of possible conditions are shown below.  These conditions are described in more detail in the latter section titled "Conditions for Consolidation".
- The consolidation date has arrived or passed.
- All claims files received in the current process month have been assigned a status (approved, rejected, or pending) through the Paid Claims File Tracking Online system.

Only approved claims files will be included in the Consolidation/ Extraction process.

The following jobs make-up the Consolidation process.

a) HDPCE600 – prepare job.  Dynamically creates the concatenated inputs for all other jobs.
b) HDPCE611 – create the Short Claims, general aggregate file.
c) HDPCE612 – create the Short Claims, miscellaneous aggregate file.
d) HDPCE613 – create the Short Claims, EPSDT Assess aggregate file.
e) HDPCE614 – create the Short Claims, CMSP aggregate file.
f) HDPCE621 – create the Old-35 Claims, MFR aggregate file.
g) HDPCE631 – create the SPCC aggregate file used in the RMD system.
h) HDPCE632 – create the Duplicate Report aggregate file used in the RMD system.
i) HDPCE633 – create the CIN Extract aggregate file used in the RMD system.
j) HDPCE634 – create the CIN Extract aggregate file used in the RMC system.
k) HDPCE635 – create the MEDS Fields aggregate file used in the RMD system.
l) HDPCE636 – create the MEDS Fields aggregate file used in the RMC system.
m) HDPCE641 – create the Standard-35 extract for the RMD system.
n) HDPCE642 – create the Standard-35 extract for the RMC system.

### 3.8.1   Chosen Day for Consolidation

Analysis has been done on the average day claims files are received from each of the 29 sources that provide data to the Paid Claims front-end.  The latest day claims files are received for a process month, on average, is the 17th day of the following calendar month.  Based on this information, the day chosen for the Consolidation/ Extraction Process to begin may be any day after the 17th day of the following calendar month.

**Example:**

If the consolidation day is set to "18", and the current month of process is **March 2004**, then the Consolidation/ Extraction process can begin on **April 18, 2004**.

**Table 3.8.1 – 1** shows the average day each source file was received in 2002.

| Source | # Files in 2002 | Average Day of Month |
|---|---|---|
| COHS - Yolo | 12 | 13 |
| COHS - Santa Cruz | 12 | 8 |
| COHS - Monterey | 12 | 8 |

| Source | # Files in 2002 | Average Day of Month |
|---|---|---|
| COHS - Santa Barbara | 12 | 7 |
| COHS - San Mateo | 12 | 13 |
| COHS - Napa | 12 | 11 |
| COHS - Solano | 12 | 11 |
| COHS – Orange | 12 | 9 |
| Delta Dental Regular | 12 | 10 |
| Delta Dental Special | 12 | 10 |
| Delta Dental Root Canal | 12 | 10 |
| Delta Dental IRCA | 12 | 10 |
| DMH State Hospital | 12 | 10 |
| DSS PCSP | 12 | 7 |
| DDS Waiver | 12 | 10 |
| DDS TCM | 12 | 10 |
| Medi-Cal TCM | 12 | 12 |
| EDS Mental Health Inpatient | 12 | 13 |
| EDS 35 Tapes | 12 | 1 |
| EDS Encounters | 12 | 11 |
| Short Doyle | 12 | 6 |
| EDS CHD | 12 | 9 |
| EDS Breast Cancer EDP | 12 | 17 |
| EDS Healthy Family | 12 | 6 |
| Delta Dental Healthy Family | 12 | 10 |
| EDS CCS | 12 | 17 |
| EDS GHPP | 12 | 17 |
| EDS CMSP | 12 | 15 |
| Delta Dental CMSP | 12 | 15 |

### 3.8.2   Consolidation Prepare Job (HDPCE600)

The Consolidation Prepare job dynamically creates the input concatenations and auto-updates the exec JCL parameters for all the jobs that aggregate like claims data together for use by various downstream systems.

The new Paid Claims DB2 database will be used by program PCE600 to determine what source claims files are available for the current consolidation process; these will be source files received since the last consolidation process that have a status of "approved".

The Paid Claims Control File will be used to determine which sources to include in each of the 13 input concatenation lists.

Once the 13 concatenated input lists are created, a SORT step appends the input list to its corresponding job shell[1], creating the exec JCL.

[1] Job Shell – a control card that contains a copy of executable JCL without any inputs.

The Consolidation Detail report lists all the jobs included in the Consolidation/ Extraction process, the sources and data set names included in each job, along with record counts of each file and the expected record count for each extract file.  The report will be transmitted via email to the program area.

**Figure 3.8.2 – 1** shows the flowchart view of the Consolidation Prepare Process.
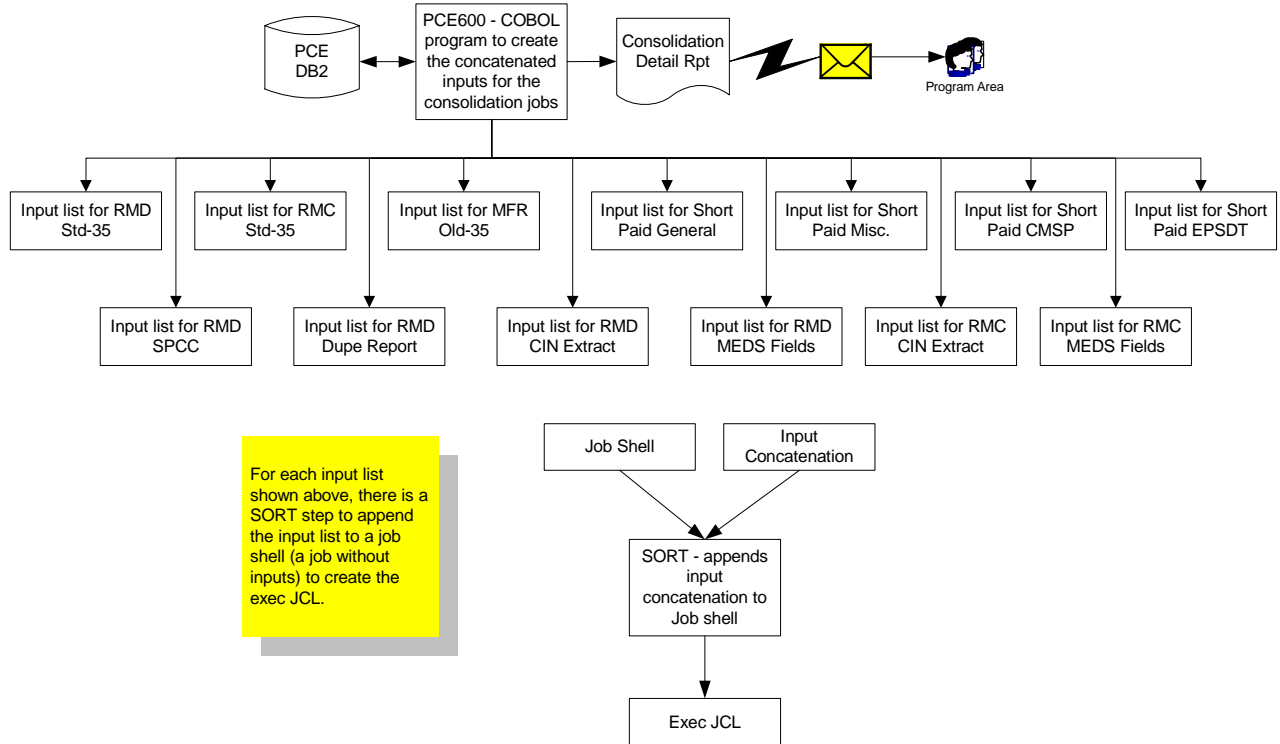


See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

- a) PCE600 – COBOL program[1]
- b) PCE6xxSH – control cards[2] (13 job shells for the 13 consolidation/ extract jobs)
- c) HDPCE600 – PROC
- d) HDPCE600 – exec JCL

[1] *PCE600 – creates input concatenations for all consolidation jobs, and creates the Consolidation Detail report.*

[2] *PCE6xxSH – job shell control cards are an exact copy of the exec JCL without the inputs. SORT steps are used to append the input concatenation lists (from PCE600) to their corresponding job shell control cards to create the exec JCL for the consolidation jobs.*

### 3.8.3 Consolidation Process 1 (HDPCE601)

This consolidation process is used to aggregate like Short Paid claims files together into a single file for processing by downstream systems. The input to this process is supplied in the exec JCL as a DD override of STEP01.SORTIN.

The files to be used in the DD override will be supplied dynamically by the Consolidation Prepare Process (HDPCE600). The Paid Claims DB2 database and the Paid Claims Control File are used to determine the available and correct files to include in the override.

The following aggregate extract files are created using process 1.

- a) Short Paid Claims General file

b) Short Paid Claims Miscellaneous file
c) Short Paid Claims EPSDT Assess file
d) Short Paid Claims CMSP file

**Figure 3.8.3 – 1** shows the flowchart view of Consolidation Process 1.



See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

a) PCE560 – COBOL program
b) PCE561 – COBOL program
c) HDPCE601 – PROC
d) HDPCE611 – exec JCL
e) HDPCE612 – exec JCL
f) HDPCE613 – exec JCL
g) HDPCE614 – exec JCL

### 3.8.4   Consolidation Process 2 (HDPCE602)

This consolidation process is used to aggregate like Old-35 claims files together into a single file for processing by downstream systems.  The input to this process is supplied in the exec JCL as a DD override of STEP01.SORTIN.

The files to be used in the DD override will be supplied dynamically by the Consolidation Prepare Process (HDPCE600).  The Paid Claims DB2 database and the Paid Claims Control File are used to determine the available and correct files to include in the override.

The following aggregate extract files are created using process 2.

a) MFR system extract file

**Figure 3.8.4 – 1** shows the flowchart view of Consolidation Process 2.



See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

    a)    PCE560 – COBOL program
    b)    PCE561 – COBOL program
    c)    PCE602S1 – sort control[1]
    d)    HDPCE602 – PROC
    e)    HDPCE621 – exec JCL

*[1] PCE602S1 – sort control for MFR system extract.*

### 3.8.5    *Consolidation Process 3 (HDPCE603)*

This consolidation process is used to aggregate like miscellaneous disk files together into a single file for processing by downstream systems. The input to this process is supplied in the exec JCL as a DD override of STEP01.SORTIN.
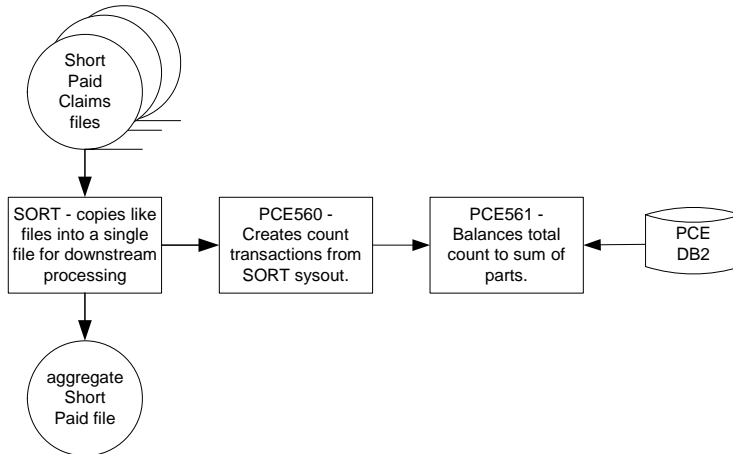
The files to be used in the DD override will be supplied dynamically by the Consolidation Prepare Process (HDPCE600). The Paid Claims DB2 database and the Paid Claims Control File are used to determine the available and correct files to include in the override.

The following aggregate extract files are created using process 3.

    a)    RMD SPCC aggregate file
    b)    RMD Dupe Report aggregate file
    c)    RMD CIN Extract aggregate file
    d)    RMC CIN Extract aggregate file
    e)    RMD MEDS Fields aggregate file
    f)    RMC MEDS Fields aggregate file

**Figure 3.8.5 – 1** shows the flowchart view of Consolidation Process 3.

```
       ╭──────────╮
      (  like Misc. )
      (   files    )
       ╰────┬─────╯
            │
            ▼
  ┌──────────────┐   ┌──────────────┐   ┌──────────────┐        ╭────────╮
  │ SORT - copies│   │  PCE560 -    │   │  PCE561 -    │        │  PCE   │
  │ like files   │──▶│ Creates count│──▶│ Balances total│◀──   │  DB2   │
  │ into a single│   │ transactions │   │ count to sum of│       ╰────────╯
  │ file for     │   │ from SORT    │   │   parts.     │
  │ downstream   │   │  sysout.     │   └──────────────┘
  │ processing   │   └──────────────┘
  └──────┬───────┘
         │
         ▼
     ╭────────╮
    ( aggregate )
    (  file    )
     ╰────┬───╯
          │
          ▼
  ┌──────────────┐
  │ RMD or RMC   │
  │   system     │
  └──────────────┘
```

See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

    a)  PCE560 – COBOL program
    b)  PCE561 – COBOL program
    c)  PCE603S1 – sort control[1]
    d)  PCE603S2 – sort control[2]
    e)  PCE603S3 – sort control[3]
    f)  PCE603S4 – sort control[4]
    g)  HDPCE603 – PROC
    h)  HDPCE631 – exec JCL
    i)  HDPCE632 – exec JCL
    j)  HDPCE633 – exec JCL
    k)  HDPCE634 – exec JCL
    l)  HDPCE635 – exec JCL
    m)  HDPCE636 – exec JCL

[1] *PCE603S1 – sort control for RMD SPCC aggregate file. Sorts by PHP Code, Claim Type and DOS.*

[2] *PCE603S2 – sort control for RMD Dupe Report aggregate file. Sorts by Plan Code, PHP Code, Sequence Number, Record Type and Segment Number.*

[3] *PCE603S3 – sort control for CIN extract files. Sorts by CIN and Month of Service. Sums on CIN count field.*

[4] *PCE603S4 – sort control for MEDS Fields files. Sorts by RIN.*
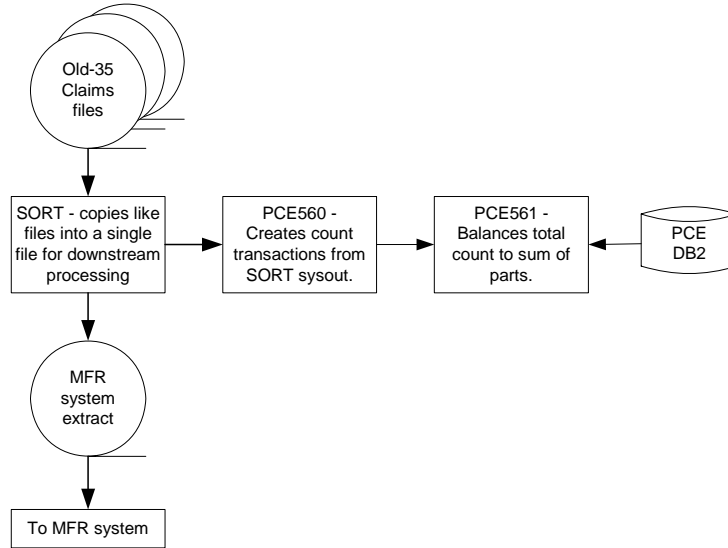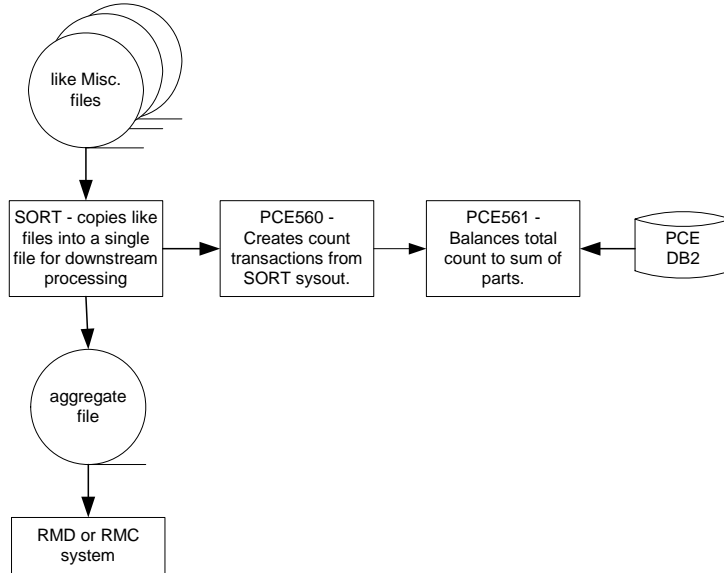
### 3.8.6   Consolidation Process 4 (HDPCE604)

This consolidation process is used to aggregate like Standard-35 claims files together into a single file for processing by downstream systems.  The input to this process is supplied in the exec JCL as a DD override of STEP01.SORTIN.

The files to be used in the DD override will be supplied dynamically by the Consolidation Prepare Process (HDPCE600).  The Paid Claims DB2 database and the Paid Claims Control File are used to determine the available and correct files to include in the override.

The following aggregate extract files are created using process 4.

    a)   RMD system extract
    b)   RMC system extract

**Figure 3.8.6 – 1** shows the flowchart view of Consolidation Process 4.
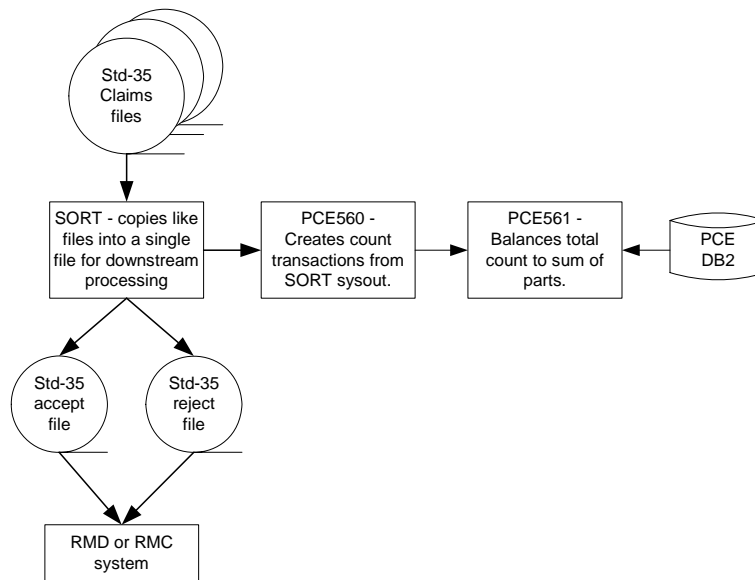


See the "New Components" section in the Detail Design document for more information on the following modules used in this process.

    a)   PCE560 – COBOL program
    b)   PCE561 – COBOL program
    c)   PCE604S1 – sort control[1]
    d)   PCE604S2 – sort control[2]
    e)   HDPCE603 – PROC
    f)   HDPCE641 – exec JCL
    g)   HDPCE642 – exec JCL

[1] *PCE604S1 – sort control for RMD system extract.  Sorts Standard-35 claims data by RIN and splits claims by accepted claims and rejected claims.  Accepted claims are those having an Edit Flag value of "A" for accept or "S" for suspense.*

[2] *PCE604S2 – sort control for RMC system extract.  Sorts Standard-35 claims data by RIN and splits claims by accepted claims and rejected claims.  Accepted claims are those having an Edit Flag value of SPACE or "A" for accept.*

## 3.9     Inventory of Jobs that Make-up the Redesigned Front-end

The table that follows gives a complete listing of all the jobs that will make-up the redesigned Paid Claims Front-end System. The jobs are grouped by source in the order in which they will be submitted. The jobs and procedures have been assigned names according to the sources (listed in section 3.1), the processes (listed in section 3.2), and the naming conventions specified in section 2.

**Table 3.9 – 1** Complete job listing for the redesigned Paid Claims Front-end System.

| Source | Exec JCL | PROC | Job Description | Submitted By |
|--------|----------|------|-----------------|--------------|
| **Yolo** | HDPCE011 | HDPCE102 | Yolo Intake | Data Guidance |
| | HDPCE012 | HDPCE200 | Yolo Edit | HDPCE011 |
| | HDPCE013 | HDPCE300 | Yolo Dupe Check | HDPCE012 |
| | HDPCE014 | HDPCE400 | Yolo Report | HDPCE013 |
| | HDPCE015 | HDPCE500 | Yolo Conversion | Daily Monitor |
| **Santa Cruz** | HDPCE021 | HDPCE103 | Santa Cruz Intake | Data Guidance |
| | HDPCE022 | HDPCE200 | Santa Cruz Edit | HDPCE021 |
| | HDPCE023 | HDPCE300 | Santa Cruz Dupe Check | HDPCE022 |
| | HDPCE024 | HDPCE400 | Santa Cruz Report | HDPCE023 |
| | HDPCE025 | HDPCE500 | Santa Cruz Conversion | Daily Monitor |
| **Monterey** | HDPCE031 | HDPCE103 | Monterey Intake | Data Guidance |
| | HDPCE032 | HDPCE200 | Monterey Edit | HDPCE031 |
| | HDPCE033 | HDPCE300 | Monterey Dupe Check | HDPCE032 |
| | HDPCE034 | HDPCE400 | Monterey Report | HDPCE033 |
| | HDPCE035 | HDPCE500 | Monterey Conversion | Daily Monitor |
| **Santa Barbara** | HDPCE041 | HDPCE102 | Santa Barbara Intake | Data Guidance |
| | HDPCE042 | HDPCE200 | Santa Barbara Edit | HDPCE041 |
| | HDPCE043 | HDPCE300 | Santa Barbara Dupe Check | HDPCE042 |
| | HDPCE044 | HDPCE400 | Santa Barbara Report | HDPCE043 |
| | HDPCE045 | HDPCE500 | Santa Barbara Conversion | Daily Monitor |
| **San Mateo** | HDPCE051 | HDPCE102 | San Mateo Intake | Data Guidance |
| | HDPCE052 | HDPCE200 | San Mateo Edit | HDPCE051 |
| | HDPCE053 | HDPCE300 | San Mateo Dupe Check | HDPCE052 |
| | HDPCE054 | HDPCE400 | San Mateo Report | HDPCE053 |
| | HDPCE055 | HDPCE500 | San Mateo Conversion | Daily Monitor |
| **Napa** | HDPCE061 | HDPCE102 | Napa Intake | Data Guidance |
| | HDPCE062 | HDPCE200 | Napa Edit | HDPCE061 |
| | HDPCE063 | HDPCE300 | Napa Dupe Check | HDPCE062 |
| | HDPCE064 | HDPCE400 | Napa Report | HDPCE063 |
| | HDPCE065 | HDPCE500 | Napa Conversion | Daily Monitor |
| **Solano** | HDPCE071 | HDPCE102 | Solano Intake | Data Guidance |
| | HDPCE072 | HDPCE200 | Solano Edit | HDPCE071 |
| | HDPCE073 | HDPCE300 | Solano Dupe Check | HDPCE072 |
| | HDPCE074 | HDPCE400 | Solano Report | HDPCE073 |
| | HDPCE075 | HDPCE500 | Solano Conversion | Daily Monitor |
| **Orange** | HDPCE081 | HDPCE101 | Orange Intake | Data Guidance |
| | HDPCE082 | HDPCE200 | Orange Edit | HDPCE081 |
| | HDPCE083 | HDPCE300 | Orange Dupe Check | HDPCE082 |
| | HDPCE084 | HDPCE400 | Orange Report | HDPCE083 |
| | HDPCE085 | HDPCE500 | Orange Conversion | Daily Monitor |
| **Delta Dental Regular** | HDPCE091 | HDPCE101 | Delta Dental Regular Intake | Data Guidance |
| | HDPCE092 | HDPCE200 | Delta Dental Regular Edit | HDPCE091 |

| Source | Exec JCL | PROC | Job Description | Submitted By |
|---|---|---|---|---|
| | HDPCE094 | HDPCE400 | Delta Dental Regular Report | HDPCE092 |
| | HDPCE095 | HDPCE500 | Delta Dental Regular Conversion | Daily Monitor |
| **Delta Dental Special** | HDPCE101 | HDPCE101 | Delta Dental Special Intake | Data Guidance |
| | HDPCE102 | HDPCE200 | Delta Dental Special Edit | HDPCE101 |
| | HDPCE104 | HDPCE400 | Delta Dental Special Report | HDPCE102 |
| | HDPCE105 | HDPCE500 | Delta Dental Special Conversion | Daily Monitor |
| **Delta Dental Root Canal** | HDPCE111 | HDPCE101 | Delta Dental Root Canal Intake | Data Guidance |
| | HDPCE112 | HDPCE200 | Delta Dental Root Canal Edit | HDPCE111 |
| | HDPCE114 | HDPCE400 | Delta Dental Root Canal Report | HDPCE112 |
| | HDPCE115 | HDPCE500 | Delta Dental Root Canal Conversion | Daily Monitor |
| **Delta Dental IRCA** | HDPCE121 | HDPCE101 | Delta Dental IRCA Intake | Data Guidance |
| | HDPCE122 | HDPCE200 | Delta Dental IRCA Edit | HDPCE121 |
| | HDPCE124 | HDPCE400 | Delta Dental IRCA Report | HDPCE122 |
| | HDPCE125 | HDPCE500 | Delta Dental IRCA Conversion | Daily Monitor |
| **DMH State Hospital** | HDPCE131 | HDPCE104 | DMH State Hospital Intake | Data Guidance |
| | HDPCE132 | HDPCE200 | DMH State Hospital Edit | HDPCE131 |
| | HDPCE134 | HDPCE400 | DMH State Hospital Report | HDPCE132 |
| | HDPCE135 | HDPCE500 | DMH State Hospital Conversion | Daily Monitor |
| **DSS PCSP** | HDPCE141 | HDPCE104 | DSS PCSP Intake | Data Guidance |
| | HDPCE142 | HDPCE200 | DSS PCSP Edit | HDPCE141 |
| | HDPCE144 | HDPCE400 | DSS PCSP Report | HDPCE142 |
| | HDPCE145 | HDPCE500 | DSS PCSP Conversion | Daily Monitor |
| **DDS Waiver** | HDPCE151 | HDPCE104 | DDS Waiver Intake | Data Guidance |
| | HDPCE152 | HDPCE200 | DDS Waiver Edit | HDPCE151 |
| | HDPCE154 | HDPCE400 | DDS Waiver Report | HDPCE152 |
| | HDPCE155 | HDPCE500 | DDS Waiver Conversion | Daily Monitor |
| **DDS TCM** | HDPCE161 | HDPCE105 | DDS TCM Intake | Data Guidance |
| | HDPCE162 | HDPCE200 | DDS TCM Edit | HDPCE161 |
| | HDPCE164 | HDPCE400 | DDS TCM Report | HDPCE162 |
| | HDPCE165 | HDPCE500 | DDS TCM Conversion | Daily Monitor |
| **Medi-Cal TCM** | HDPCE171 | HDPCE105 | Medi-Cal TCM Intake | Data Guidance |
| | HDPCE172 | HDPCE200 | Medi-Cal TCM Edit | HDPCE171 |
| | HDPCE174 | HDPCE400 | Medi-Cal TCM Report | HDPCE172 |
| | HDPCE175 | HDPCE500 | Medi-Cal TCM Conversion | Daily Monitor |
| **EDS Mental Health Inpatient** | HDPCE181 | HDPCE101 | Mental Health Inpatient Intake | Data Guidance |
| | HDPCE182 | HDPCE200 | Mental Health Inpatient Edit | HDPCE181 |
| | HDPCE184 | HDPCE400 | Mental Health Inpatient Report | HDPCE182 |
| | HDPCE185 | HDPCE500 | Mental Health Inpatient Conversion | Daily Monitor |
| **EDS 35** | HDPCE191 | HDPCE101 | EDS 35 Intake | Data Guidance |
| | HDPCE192 | HDPCE200 | EDS 35 Edit | HDPCE191 |
| | HDPCE194 | HDPCE400 | EDS 35 Report | HDPCE192 |
| | HDPCE195 | HDPCE500 | EDS 35 Conversion | Daily Monitor |
| **EDS Encounters** | HDPCE20P | HDPCE20P | EDS Encounters Preparation | Data Guidance |
| | HDPCE201 | HDPCE106 | EDS Encounters Intake | HDPCE20P |
| | HDPCE202 | HDPCE200 | EDS Encounters Edit | HDPCE201 |
| | HDPCE203 | HDPCE300 | EDS Encounters Dupe Check | HDPCE202 |
| | HDPCE204 | HDPCE403 | EDS Encounters Report | HDPCE203 |
| | HDPCE205 | HDPCE500 | EDS Encounters Conversion | Daily Monitor |
| **Short Doyle** | HDPCE21P | HDPCE21P | Short Doyle Preparation | Data Guidance |
| | HDPCE211 | HDPCE107 | Short Doyle Intake | HDPCE21P |
| | HDPCE212 | HDPCE200 | Short Doyle Edit | HDPCE211 |
| | HDPCE214 | HDPCE400 | Short Doyle Report | HDPCE212 |

| Source | Exec JCL | PROC | Job Description | Submitted By |
|---|---|---|---|---|
| | HDPCE215 | HDPCE500 | Short Doyle Conversion | Daily Monitor |
| EDS CHD | HDPCE221 | HDPCE108 | CHD Intake | Data Guidance |
| | HDPCE222 | HDPCE200 | CHD Edit | HDPCE221 |
| | HDPCE224 | HDPCE400 | CHD Report | HDPCE222 |
| | HDPCE225 | HDPCE500 | CHD Conversion | Daily Monitor |
| EDS Breast Cancer EDP | HDPCE231 | HDPCE101 | BCEDP Intake | Data Guidance |
| | HDPCE232 | HDPCE200 | BCEDP Edit | HDPCE231 |
| | HDPCE234 | HDPCE400 | BCEDP Report | HDPCE232 |
| | HDPCE235 | HDPCE500 | BCEDP Conversion | Daily Monitor |
| EDS Healthy Family | HDPCE241 | HDPCE101 | EDS Healthy Family Intake | Data Guidance |
| | HDPCE242 | HDPCE200 | EDS Healthy Family Edit | HDPCE241 |
| | HDPCE244 | HDPCE400 | EDS Healthy Family Report | HDPCE242 |
| | HDPCE245 | HDPCE500 | EDS Healthy Family Conversion | Daily Monitor |
| Delta Healthy Family | HDPCE251 | HDPCE101 | Delta Healthy Family Intake | Data Guidance |
| | HDPCE252 | HDPCE200 | Delta Healthy Family Edit | HDPCE251 |
| | HDPCE254 | HDPCE400 | Delta Healthy Family Report | HDPCE252 |
| | HDPCE255 | HDPCE500 | Delta Healthy Family Conversion | Daily Monitor |
| EDS CCS | HDPCE261 | HDPCE101 | CCS Intake | Data Guidance |
| | HDPCE262 | HDPCE200 | CCS Edit | HDPCE261 |
| | HDPCE264 | HDPCE400 | CCS Report | HDPCE262 |
| | HDPCE265 | HDPCE500 | CCS Conversion | Daily Monitor |
| EDS GHPP | HDPCE271 | HDPCE101 | GHPP Intake | Data Guidance |
| | HDPCE272 | HDPCE200 | GHPP Edit | HDPCE271 |
| | HDPCE274 | HDPCE400 | GHPP Report | HDPCE272 |
| | HDPCE275 | HDPCE500 | GHPP Conversion | Daily Monitor |
| EDS CMSP | HDPCE281 | HDPCE101 | EDS CMSP Intake | Data Guidance |
| | HDPCE282 | HDPCE200 | EDS CMSP Edit | HDPCE281 |
| | HDPCE284 | HDPCE400 | EDS CMSP Report | HDPCE282 |
| | HDPCE285 | HDPCE500 | EDS CMSP Conversion | Daily Monitor |
| Delta CMSP | HDPCE291 | HDPCE101 | Delta CMSP Intake | Data Guidance |
| | HDPCE292 | HDPCE200 | Delta CMSP Edit | HDPCE291 |
| | HDPCE294 | HDPCE400 | Delta CMSP Report | HDPCE292 |
| | HDPCE295 | HDPCE500 | Delta CMSP Conversion | Daily Monitor |
| | | | | |
| All Sources | HDPCE001 | HDPCE001 | Paid Claims Daily Monitor Job | ESP |
| | HDPCE600 | HDPCE600 | Consolidation prepare process | Daily Monitor |
| | HDPCE611 | HDPCE601 | Consolidate short claims 1 | HDPCE600 |
| | HDPCE612 | HDPCE601 | Consolidate short claims 2 | HDPCE600 |
| | HDPCE613 | HDPCE601 | Consolidate short claims 3 | HDPCE600 |
| | HDPCE614 | HDPCE601 | Consolidate short claims 4 | HDPCE600 |
| | HDPCE621 | HDPCE602 | Consolidate Old-35 MFR | HDPCE600 |
| | HDPCE631 | HDPCE603 | Consolidate RMD SPCC files | HDPCE600 |
| | HDPCE632 | HDPCE603 | Consolidate RMD Dupe Report files | HDPCE600 |
| | HDPCE633 | HDPCE603 | Consolidate RMD CIN Extract files | HDPCE600 |
| | HDPCE634 | HDPCE603 | Consolidate RMC CIN Extract files | HDPCE600 |
| | HDPCE635 | HDPCE603 | Consolidate RMD MEDS Fields files | HDPCE600 |
| | HDPCE636 | HDPCE603 | Consolidate RMC MEDS Fields files | HDPCE600 |
| | HDPCE641 | HDPCE604 | Consolidate Std-35 RMD | HDPCE600 |
| | HDPCE642 | HDPCE604 | Consolidate Std-35 RMC | HDPCE600 |

## 3.10   Email Notification for Jobs that ABEND

There will be automatic email notification to alert of abnormal job terminations in the new system. This is accomplished by adding the following JCL statements as a last step to a job or procedure (PROC).  When there is a job ABEND, an email will be sent instantaneously to any number of valid email accounts.

**Figure 3.10 – 1** shows the required JCL to add email notification for jobs that ABEND.

```
//*
//***********************************************************************
//* ABND0001 - EMAIL NOTIFY FOR JOB ABENDS                              *
//***********************************************************************
//ABND0001 EXEC PGM=IKJEFT01,PARM='%NOTIFY',COND=ONLY
//*
//SYSEXEC  DD  DSN=HDEXITE.PCE.REXX,DISP=SHR
//         DD  DSN=SYS2.XMITIP.NEW.EXEC,DISP=SHR
//SYSTSPRT DD  SYSOUT=A
//SYSPRINT DD  SYSOUT=A
//SYSTSIN  DD  DUMMY
//PARAMS   DD  DSN=HDEXITE.PCE.CONTROL(PCENTFY),DISP=SHR
//*
```

Program NOTIFY is a simple REXX routine that creates an email message containing pertinent information to identify an abending job.  The job name, job id, abending step, abending program and condition code information is retrieved from the address space control blocks of the executing job, and formatted in the message.  Once the message is created, the program makes a call to REXX routine XMITIP (a mainframe email application currently in production) to email the message to a specified list of addresses.

The "COND=ONLY" EXEC parameter directs the system to execute the step only if a previous step has abended.

The "PARAMS" DD statement points to the parameters file used by the NOTIFY program.  The information in this file is used to customize the email message for the application/ system being executed, and to specify the location of the email addresses where the message should be sent.

Email addresses can be any valid user at any domain – Intranet and Internet, including mobile devices such as text pagers and cell phones.

**Figure 3.10 – 2** shows sample email message sent by the NOTIFY program.

```
*****************************************************
*      Paid Claims Encounter System Abend Notify      *
*-----------------------------------------------------*
*   The following job has terminated abnormally ...   *
*                                                     *
*     Job Name   =>  HDPCE642                          *
*     Job Id     =>  JOB08902                          *
*     Abend Step =>  STEP001.STEP03                    *
*     Abend Prog =>  IKJEFT1B                          *
*     Abend Code =>  User Abend                        *
*                                                     *
* See SAR 'HD.PH7' for more information.               *
*-----------------------------------------------------*
*      Paid Claims Encounter System Abend Notify      *
*****************************************************
```

```
* -------------------------------------------------- *
* This E-Mail Originated from:                        *
* Job:        HDPCE642                                *
* Userid:       HDMRHOD    User Name:   MICHAEL.RHODES *
* From System: S1S1        From Node:   HWDC          *
* On May 27, 2004 at 5:48pm                           *
* -------------------------------------------------- *
```

See the "New Components" section in the Detail Design document for more information on the following related modules in this section.

    a)   NOTIFY – REXX program
    b)   PCENTFY – control card[1]
    c)   PCEABND – control card[2]

[1] *PCENTFY – parameters control file used by the NOTIFY program to customize email subject, title and specify email distribution list.*

[2] *PCEABND – email distribution list for NOTIFY program.*

## 3.11  Automatic Balancing of Claim Record Counts

There will be automatic balancing of claim record counts as a claim file progresses from one job to the next in the redesigned front-end.

Balancing is simple since no claims are physically dropped. The claim count in one process should be equal to the claim count in the preceding process and the claim count of any subsequent process. Since each process will store its claims count information in the Paid Claims DB2 database, the count information will be easily accessible to other processes to validate against.

If an out-of-balance situation occurs, then the executing process will ABEND.

**Table 3.11 –1** shows how claim record counts are balanced between processes.

| Count | Balanced To |
| --- | --- |
| Transmittal Count | Nothing.  Entered as parameter in exec JCL by data guidance.  Count comes from transmittal sheet. |
| Intake Process Standard-35 Output | Transmittal Count |
| Edit Process Standard-35 Output | Intake Process Standard-35 Output |
| Duplication-Check Process Standard-35 Output | Edit Process Standard-35 Output |
| Conversion Process Input Claims | Edit Process Standard-35 Output |
| Consolidation Process Aggregate File | Sum of the counts of the individual files |

**Figure 3.11 – 1** shows a flowchart view of two processes using the Paid Claims database to balance record counts.
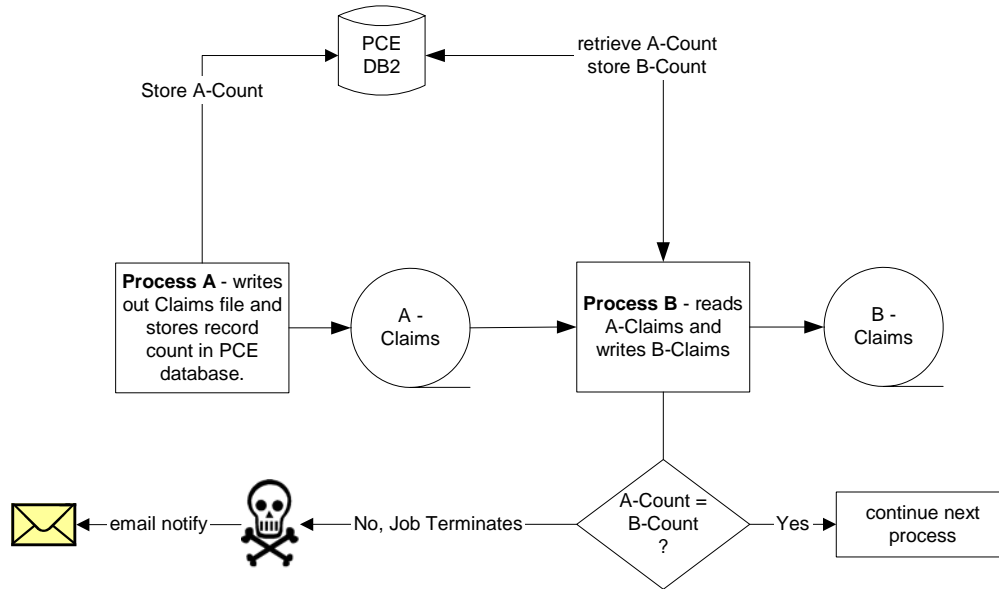
## 3.12   Paid Claims File Tracking Online System

The Paid Claims File Tracking Online system is an application (CICS/ DB2) that allows users to view count and status information for any claims file received in the Paid Claims Front-end system.

This application will also be used for authorized users to approve and/ or reject claims files.  A claims file must be approved to be included in the Consolidation/ Extract process.

**Figure 3.12 – 1** shows the Paid Claims File Tracking Main Menu screen.

Typing transaction "PDCL" on a clear CICS screen starts the application.  From the main menu screen, users can specify search options, or leave blank to bring back a list of all claims files that are waiting to be consolidated.

```
     0000000001111111111222222222233333333334444444444555555555566666666667777777778
     1234567890123456789012345678901234567890123456789012345678901234567890
01        PDCL            ** PAID CLAIMS FILE TRACKING MENU **        RHO - 05/28/04
02
03                        ENTER SEARCH CRITERIA BELOW
04
05
06     SOURCE: _____
07
08
09
10     MONTH-OF-PROCESS (MM/YY): __ / __
11
12
13
14     CONSOLIDATION-MONTH (MM/YY): __ / __
15
16
17
18
19
20
21
22
23
24     * PRESS F3=EXIT; F4=ADMIN
```

**Figure 3.12 – 2** shows the Paid Claims File Tracking Summary screen.

Based on search criteria entered on the main menu screen, the Summary screen displays the matching records from the Paid Claims database.  From this screen, users can select a source claims file to view its historical detail, or if authorized, set the status of the source claims file to "approved", 'rejected" or "pending".

```
    0000000001111111111222222222233333333334444444444555555555566666666667777777778
    1234567890123456789012345678901234567890123456789012345678901234567890
01      PDCL          ** PAID CLAIMS FILE TRACKING SUMMARY **      BWR – 07/14/03
02
03                                       EDIT     CIN-TAG    DROP      DUPE
04      SOURCE    MOP    CONS   ST   CLAIMS    ERRORS   FAILURES   COUNT     COUNT
05      --------  -----  -----  --   --------  --------  --------  --------  --------
06    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
07    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
08    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
09    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
10    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
11    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
12    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
13    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
14    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
15    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
16    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
17    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
18    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
19    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
20    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
21    _ XXXXXXXX  MM/YY  MM/YY  XX   99999999  99999999  99999999  99999999  99999999
22          ** TOTALS **              99999999  99999999  99999999  99999999  99999999
23    ACTION OPTION: S=VIEW DETAIL; A=APPROVE; R=REJECT; P=SET PENDING
24    * PRESS F7=BACKWARD; F8=FORWARD; F3=EXIT
```

**Figure 3.12 – 3** shows the Paid Claims File Tracking Detail screen.

By selecting to view the detail of a source claims file from the Summary screen, the user can view historical detailed information about a source claims file – date and time the file completes each process along with record counts, and date and time a status change is made.

```
    0000000001111111111222222222233333333334444444444555555555566666666667777777778
    1234567890123456789012345678901234567890123456789012345678901234567890
01      PDCL          ** PAID CLAIMS FILE TRACKING DETAIL **      BWR – 07/14/03
02
03      SOURCE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MONTH-OF-PROCESS: MM/YY
04
05         TIME-STAMP      PROCESS   FILE-ID    COUNT    STAT    USER
06      ----------------- --------  --------  --------  ----  --------
07      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
08      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
09      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
10      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
11      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
12      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
13      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
14      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
15      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
16      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
17      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
18      YY-MM-DD-HH:MM:SS XXXXXXXX  XXXXXXXX  99999999  XXXX  XXXXXXXX
19
20
21
22
23    * ALL DATA DISPLAYED; F3=EXIT
24
```

**Figure 3.12 – 4** shows the Paid Claims File Tracking Admin Screen.

From this screen, authorized users can add a new source, change settings for an existing source, and add or delete users.  To access this screen, press "F4" function key from the Main Menu screen.

```
    00000000011111111112222222222333333333344444444445555555555666666666677777777778
    12345678901234567890123456789012345678901234567890123456789012345678901234567890
01      PDCL            ** PAID CLAIMS FILE TRACKING ADMIN **          RHO - 05/28/04
02
03    SOURCE: _____     LONG-NAME:
04
05    SOURCE-CODE:       SOURCE-ACTIVE (Y/N):
06
07    AUTO-APPROVE (Y/N):     MIS/DSS-REPORTED (Y/N):      DUPE-CHECK (Y/N):
08
09    CONVERT (Y/N):   SHORT-PAID-CLAIM;   LONG-PAID-CLAIM;   OLD-35
10
11    INCLUDE IN AGGREGATE FILES (Y/N):
12        SPC-1 (GENERAL)    SPC-2 (MISC)     SPC-3 (EPSDT)     SPC-4 (CMSP)
13        OLD-35 (MFR)       STD-35 (CMSP)
14
15    ------------------------------------------------------------------------------
16    ID-FILTER: *          A/D    USERID    USER-LEVEL
17                          ---   --------   ----------
18    ------------    _     HDDENOS       3        -------------
19   | A=ADD     |    _     HDDWINJ       3       | 1=BROWSE  |
20   | D=DELETE  |    _     HDESOLI       3       | 2=APPROVE |
21    ------------    _     HDMRHOD       3       | 3=ADMIN   |
22                    _     HDRTHAL       2        -------------
23
24    * PRESS F3=EXIT ; F4=ADD SRC; F8=FORWARD
```

**Figure 3.12 – 5** shows the Paid Claims File Tracking Source Selection Screen.

From this screen, users can select the source from a list of all valid paid claims sources.  This screen is accessed by entering "?" in the source data entry field from the Main Menu screen or the Admin screen.  Once a source is selected, control is transferred back to the originating screen, and the selected source is placed in the source data entry field.
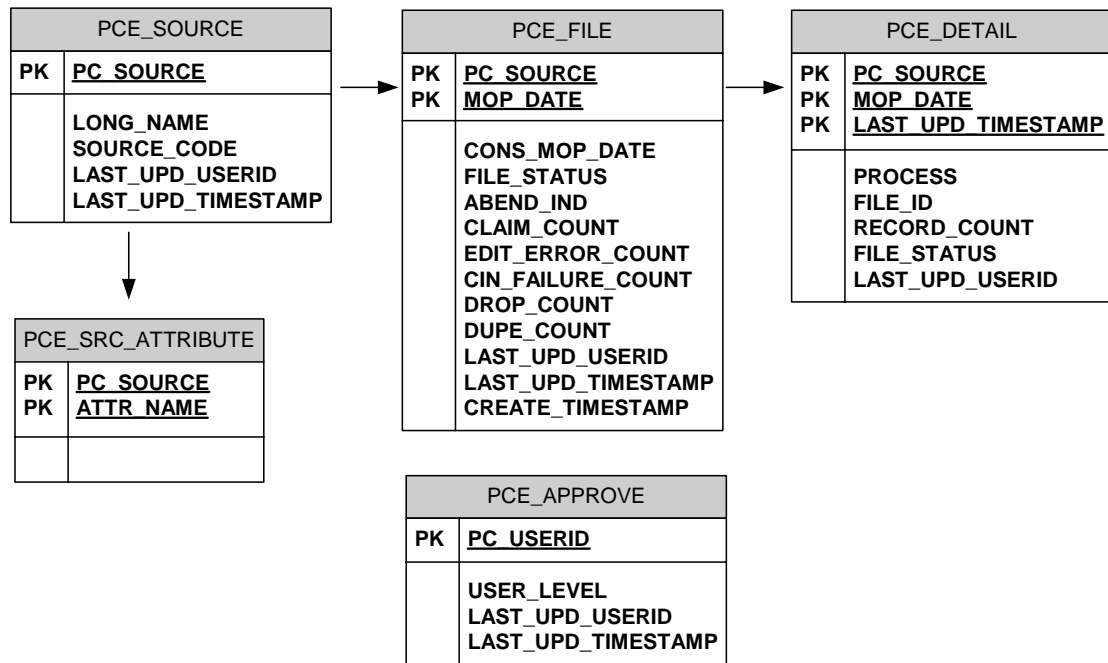
```
    00000000011111111112222222222333333333344444444445555555555666666666677777777778
    12345678901234567890123456789012345678901234567890123456789012345678901234567890
01      PDCL          ** PAID CLAIMS FILE TRACKING **           BWR - 07/14/03
02                          SOURCE SELECTION
03
04                 SOURCE          LONG NAME
05                --------   -----------------------------
06            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
07            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
08            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
09            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
12            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
14            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
16            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
17            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
19            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
21            _ XXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
22
23     ACTION OPTION: S=SELECT
24    * PRESS F7=BACKWARD; F8=FORWARD; F3=EXIT
```

See the "New Components" section in the Detail Design document for the detailed code specifications on the Paid Claims File Tracking Online system.

## 3.13   Paid Claims DB2 Database

The Paid Claims DB2 database will be used to track the progress of source claims files.  It will be updated upon completion of each of the following batch processes – Intake, Edit, Duplication-Check, Report, Conversion and Consolidation.  File information can be viewed and statuses can be updated from within the Paid Claims File Tracking Online system.

**Figure 3.13 – 1** shows the diagram for the Paid Claims DB2 database.

| PCE_SOURCE | |
|---|---|
| PK | PC_SOURCE |
| | LONG_NAME |
| | SOURCE_CODE |
| | LAST_UPD_USERID |
| | LAST_UPD_TIMESTAMP |

| PCE_FILE | |
|---|---|
| PK | PC_SOURCE |
| PK | MOP_DATE |
| | CONS_MOP_DATE |
| | FILE_STATUS |
| | ABEND_IND |
| | CLAIM_COUNT |
| | EDIT_ERROR_COUNT |
| | CIN_FAILURE_COUNT |
| | DROP_COUNT |
| | DUPE_COUNT |
| | LAST_UPD_USERID |
| | LAST_UPD_TIMESTAMP |
| | CREATE_TIMESTAMP |

| PCE_DETAIL | |
|---|---|
| PK | PC_SOURCE |
| PK | MOP_DATE |
| PK | LAST_UPD_TIMESTAMP |
| | PROCESS |
| | FILE_ID |
| | RECORD_COUNT |
| | FILE_STATUS |
| | LAST_UPD_USERID |

| PCE_SRC_ATTRIBUTE | |
|---|---|
| PK | PC_SOURCE |
| PK | ATTR_NAME |
| | |

| PCE_APPROVE | |
|---|---|
| PK | PC_USERID |
| | USER_LEVEL |
| | LAST_UPD_USERID |
| | LAST_UPD_TIMESTAMP |

A description of each table along with estimated volume follows.

a) **PCE_APPROVE** – contains TSO user ids of persons who have access to the Paid Claims File Tracking Online system.  The USER_LEVEL value determines the level of access for the user; "1" – Browse access, "2" – Browse and Approve access and "3" – Browse, Approve and Administrative access.  Users with level "2" access are allowed to updated file statuses.  Users with level "3" access may update file statuses, add/ delete users, and create new or modify existing Source attributes.  Approximate number of rows is 10.

b) **PCE_SOURCE** – contains one record per valid paid claims source.  The LONG_NAME field is a descriptive 30-character name for the source.  The SOURCE_CODE is a unique 2-digit numeric identifier for the source.  Approximate number of rows is 30, with 1 insertion a year.

c) **PCE_SRC_ATTRIBUTE** – contains one record for each attribute for each source.  If a source is MIS/DSS reported, then there will be a record in this table having ATTR_NAME = "MISDSS".  Likewise, if a source is a Dupe-Check source, then there will be a record in this table having ATTR_NAME = "DUPECHK".  Approximate number of rows is 200.

d) **PCE_FILE** – contains a record for every source claims file received.  A record is inserted in the Intake process, and then updated throughout the remaining processes.  Stores status and critical count information.  Approximate number of row insertions is 30 per month.

e) **PCE_DETAIL** – contains a record for every update event that occurs to a source claims file, includes count information for files created during batch processing, and status

changes recorded through the online application.  Approximate number of row insertions is 300 per month.

## 3.14  Paid Claims Control File

The Paid Claims Control File is a small sequential file containing 1 record for each paid claims source.  Each record contains a number of flags that define how each source is to be processed in the front-end system.  The data in this file comes directly from the Paid Claims DB2 database tables PCE_SOURCE and PCE_SRC_ATTRIBUTE.  Users with administrative rights can modify the settings for any source via the Paid Claims File Tracking Online system.  This file will be recreated nightly in the Paid Claims Daily Monitor job, HDPCE001.

Following is a list of the fields along with a brief description.

a)  **Source** – 8-character alpha-identifier for a source.
b)  **Source Code** –2-character code for a source.  This value will be used in the Edit process to populate the Source Code field in the header of the Standard-35 claims record.
c)  **Active Flag** – 1-character field to denote whether or not a paid claims Source is currently active.
d)  **Auto Approve Flag** – 1-character field to denote whether or not a Source is to be automatically approved by the batch system.  If value is 'N', then an authorized user must approve claims files received from the Source through the online application.
e)  **MIS/DSS Reported Flag** – 1-character field to denote whether or not a Source is included in the MIS/DSS Reporting process.
f)  **Dupe-Check Flag** – 1-character field to denote whether or not a Source is included in the Duplication-Check process.
g)  **Convert SPC Flag** – 1-character field to denote whether or not a Source is to be converted to the Short Paid format in the Conversion process.
h)  **Convert LPC Flag** – 1-character field to denote whether or not a Source is to be converted to the Long Paid format in the Conversion process.
i)  **Convert Old-35 Flag** – 1-character field to denote whether or not a Source is to be converted to the Old-35 format in the Conversion process.
j)  **Include in Aggregate SPC-1 Flag** – 1-character field to denote whether or not a Source is to be included in the concatenation list for the aggregate Short Paid General file.
k)  **Include in Aggregate SPC-2 Flag** – 1-character field to denote whether or not a Source is to be included in the concatenation list for the aggregate Short Paid Miscellaneous file.
l)  **Include in Aggregate SPC-3 Flag** – 1-character field to denote whether or not a Source is to be included in the concatenation list for the aggregate Short Paid EPSDT Assess file.
m)  **Include in Aggregate SPC-4 Flag** – 1-character field to denote whether or not a Source is to be included in the concatenation list for the aggregate Short Paid CMSP file.
n)  **Include in Aggregate Old-35-1 Flag** – 1-character field to denote whether or not a Source is to be included in the concatenation list for the aggregate MFR system file.
o)  **Include in Aggregate Std-35-1 Flag** – 1-character field to denote whether or not a Source is to be included in the concatenation list for the aggregate RMC system file.

## 3.15  Paid Claims Daily Monitor

There will be a job that executes daily to monitor changes recorded in the Paid Claims database.

It will perform the following tasks.

a)  Create a new Paid Claims Control File from the PCE_SOURCE and PCE_SRC_ATTRIBUTE tables.  This will happen unconditionally with every run.
b)  Submit the Conversion job for newly approved claims files.
c)  Send email alerts for files in ABEND status, and/ or for late files.

d) Submit the Consolidation Prepare job when all the conditions for consolidation have been met.

### 3.15.1 Conditions for Consolidation

A control card will be used to supply settings that instruct the Daily Monitor job on when to begin the Consolidation process. Following is a list and description of the settings for this card file.

a) **All Must Receive Status Flag** – indicates whether or not all sources must receive a status before consolidation can begin. Recommended that this be set to value of "Y".
b) **Day of Consolidation** – numeric value between 0 and 31 which indicates the day of the month (following the month of process) consolidation is allowed to begin. A value of "00" will indicate to consolidate only after all expected source files have been received and have been approved.
c) **Alert for Abends Flag** – indicates whether or not email alerts should be sent to notify of files that remain in a state of ABEND.
d) **Alert for Late Files Flag** – indicates whether or not email alerts should be sent to notify of files that have been received but not given a status, or files that have not yet been received, and the day of consolidation is drawing near.
e) **Alert Days** – numeric value between "01" and "07" indicating the number of days prior to the consolidation day to start sending email alerts for late files.

See the "New Components" section in the Detail Design document for more information on the following related modules in this section.

a) PCE001 – COBOL program[1]
b) PCE001M – REXX program[2]
c) PCE001S – REXX program[3]
d) PCEWHEN – control card[4]
e) HDPCE001 – PROC
f) HDPCE001 – exec JCL

[1] *PCE001 – COBOL program that monitors changes in the Paid Claims database. Creates submission transactions for program PCE001S, and alert transactions for program PCE001M. Also creates the Paid Claims Control File.*

[2] *PCE001M – REXX program to send email alerts of source files that have not been given a status, or source files that have not yet been received for the current process month.*

[3] *PCE001S – REXX program that submits Conversion jobs and Consolidation Prepare job.*

[4] PCEWHEN – control card containing the Conditions for Consolidation.